Belfast Health and Social Care Trust
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Minutes of the Public Trust Board Meeting
held on 1 April 2021 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
Dr Patrick Loughran	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	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	Medical Director

In Attendance:

Mrs Bernie Owens	Deputy Chief Executive
Ms Charlene Stoops	Director Performance Planning and Informatics
Ms Gillian Traub	Interim Director Adult and Primary Care
Ms Claire Cairns	Head of Office Chief Executive's Office
Mrs Moira Kearney	Co-Director – *on behalf of Mr Dawson*
Mr Kenneth Millar	Senior Manager – *on behalf of Mrs Dalzell*
Mr Mark McKenna	Board Apprentice
Mr Wesley Emmett	Management Consultant
Miss Marion Moffett	Minute Taker

Apology

Mr Gordon Smyth	Non-Executive Director
Mr Aidan Dawson	Director Specialist Hospitals and Women' Health and Mental Health Services
Mrs Bronagh Dalzell	Head of Communication

At the outset of the meeting the Chairman welcomed everyone to the meeting, being livestreamed to allow members of the public to observe the meeting virtually.

10/21 Questions Submitted by Members of the Public

Mr McNaney read the following submission by Ms Danielle O'Neill and Ms Therese Ward on behalf of the Neurology Recall Support Group

a. Neurology Recall Patient Support Group

A Neurology Recall Patient Support Group has been formed by patients themselves in order to support fellow patients who have been seriously affected following the Neurology Patient Recall in May 2018. This group represents hundreds of patients who have felt abandoned by the Trust following their recall. Hundreds of these patients were misdiagnosed and mistreated as outlined in the Department's 'Outcomes Report'.

This group has met with the Patient and Client Council, the Mental Health Champion, Members of the Health Committee and with Department of Health Officials who were accompanied by the Minister, Robin Swann. During that meeting Mr Swann said *"I want to apologise for what you have gone through". "We need to make sure that the harm done is recognised and that we give you the support that you need"*

During the course of these meetings we have had some indications of support from a number of health care sources but, as of the end of March 2021, nothing concrete has emerged from official bodies regarding support for patients. The Belfast Health and Social Care Trust, in particular, has been particularly lacking in its support for neurology patients.

At our meeting with the Dept of Health on October 28th 2020 we had that apology from the Minister for how patients were treated by Dr Watt and by the Neurology Service. The CMO, Dr McBride also recognised that *"tragic circumstances had occurred"* and that *"people were harmed here"*. When asked about why the DOH were dragging their heels in relation to the recognition and redress regarding the harm done to patients the CMO said that "*given the harm and the suffering that you have endured and many, many like you – not hundreds but thousands have endured – in terms of the physical harm, the emotional harm and the psychological consequences which you all have referred to, it would be fundamentally wrong for us to subject any of you to further trauma".*

The CMO also recognised that *"every time there is talk of a report, recall, media coverage, I recognise that it opens up and picks at the scab and picks at the sore and just re-traumatises all of you. What has happened diminishes all of us in the health service. I feel personally diminished by what has happened "*

The Belfast Health and Social Care Trust has failed miserably in relation to duty of care of Neurology Recall Patients. There has been no wrap-around service. There has been no communication with patients. Patients have had to depend on the local, press for information. The recent issues regarding Dr

El Nagger and his contact with Neurology Recall Patients has re-traumatised patients (as the CMO said would happen). The attitude of the

Trust was to dismiss this as potential trauma to patients even though this Support Group were required to provide support to fellow patients as a result of the El Nagger revelations.

Following our meeting with the Mental Health Champion she wrote to the DOH, who in turn asked the BHSCT to provide them with a *"suggested response that details what services are on offer and provide details of uptake"* The response written by Arlene Hanna to Peter Cash at DOH was a travesty of the truth and infuriated the members of this group. This response is typical of the Trust's attitude to Neurology Recall Patients.

This Neurology Recall Patient Support Group calls on the BHSCT Board to call on Trust officials and clinical staff to fulfil their duty of care and duty of candour in relation to its Neurology Recall Patients.

In particular:

- This Neurology Recall Patient Support Group requests the Trust to formally agree with the Minister and the CMO and officially recognise that harm was done to patients and admit this to the Recall Patients.

- This Neurology Recall Patient Support Group requests the Trust to set in motion a recognised plan to support Neurology Recall patients emotionally, psychologically and physically after a wait of almost three years since the Recall.

- This Neurology Recall Patient Support Group requests the Trust to meet with representatives of this Group to ensure that methods of communication are established and adhered to, so that patients are not left in a position of depending on the local press for key information affecting their neurological and general well-being.

- This Neurology Recall Patient Support Group requests the Trust to ensure that, in keeping with the commitments of the Minister and the CMO, Recall Patients are not further traumatised by a protracted legal process and that outstanding legal issues be expedited without further delay.

- This Neurology Recall Patient Support Group requests that the Trust undertakes to fulfil its duty of candour, openness and honesty as outlined in the Trust Values which state *"we are open and honest with each other and act with integrity and sincerity".* This has been demonstrably lacking in the case of Neurology Recall Patients and has been a source of frustration and further trauma to many Recall Patients.

- This Neurology Recall Patient Support Group requests the Trust to show demonstrable evidence of *"safe, high quality, compassionate care and support"* as per the Trust Values. There has been a severe lack of "safe,

high quality, compassionate care and support "in the case of Neurology Recall Patients. The Trust has shown anything but compassionate care and support.

b. Stanford Smyth

Mr McNaney read the following submission from Mr Stanford Smyth:

- I'm sure the whole board would agree discrimination in the workplace is totally unacceptable. If that is the case could the chief executive explain to the public why members of staff have been suspended for alleged wrong doings at Muckamore abbey hospital and yet a Professor who is now facing a GMC inquiry into alleged wrong doings has not been suspended?

- Currently how many Doctors, Consultants or Professors are under investigation within the Belfast Trust?

- On the 9th March Professor Ian Young lost his high court case to block a GMC inquiry into his conduct relating to the death of Claire Roberts. If the GMC uphold a complaint against Professor Young will the chief executive Dr Jack consider her position having previously cleared Professor Young of any wrong doings?

- As the trust tries to rebuild vital lifesaving cancer services will the board as whole give an undertaking to fully support the director of surgery and specialist services in the months and years ahead?

- Does the director of surgery and specialist services have the full support of the chief executive and that if any resources are needed to bring down cancer surgery waiting times the chief executive will prioritise any such requests?

- How many medical claims are the trust currently dealing with re Dr Watt and neurology?

Neurology Review

As Neurology Review update was listed later on the agenda Mr McNaney asked Dr Jack and Mrs Owens to provide their report and address the points raised in the submission by the Neurology Recall Patient Support Group (NRPSG).

Dr Jack stated that Belfast HSC Trust has apologised to all neurology patients and their families who were recalled, and would wish to repeat that apology. She extended sincere regret for all the hurt and pain that has been caused to former patients of Dr Watt. The Trust recognises that patients have been harmed and for that, it was truly sorry.

Dr Jack stated that the Trust recognised that the recalls were going to cause patients great anxiety and in other cases distress, and as a consequence the

Trust had put psychological support services in place to support patients, families, and carers.

Mrs Owens referred to the Case Note Review of 66 patients who had a blood patch procedure under the care of Dr Watt, who did not have a clinical review as part of the recall process. She explained the review was a 2-step process: an internal patient case note review, to establish if all the blood patches, performed on patients under the care of Dr Watt, where clinically indicated. This review is complete involving 66 patients' case notes. Letters to the patients are being finalised to inform them of the outcome. An external validation of this review, is being undertaken by the Royal College of Physicians (RCP) of a third of the patients case note reviews (22 out of the 66 case notes). Patients, whose case notes have been reviewed by the RCP will be written to with the outcome, once it is known. RCP have advised they are working towards early to mid-April 2021 for completion of this review.

Mrs Owens referred to the Minister of Health's announcement on 11 December 2020, advising of the conversion of the Independent Neurology Inquiry from a non-statutory public inquiry to a statutory public inquiry in Neurology. Trust staff are continuing to engage fully with the inquiry.

Members noted the Department of Health (DOH) are making, arrangements to publish the Neurology Recall Cohort 2 Activity and Outcomes Report

Mrs Owens advised, as of 4 March 2021, there are 274 negligence claims lodged against the Trust and the Directorate of Legal Services (DLS) are acting on the Trusts direction as the client, in addressing them. The Trust is very conscious of the trauma that many of the recalled patients have suffered and has instructed the lawyers acting for them to act in a compassionate manner that does not aggravate this trauma.

In relation to recent media coverage regarding concerns raised about a locum Consultant Neurologist who saw and assessed patients as part of the Neurology Recall. Mrs Owens advised the concerns did not relate to Neurology services and there have been no fitness to practice concerns relating to consultants work in BHSCT. The Trust remains satisfied that there are no concerns within the limited frame of work the Consultant was asked to undertake as part of the Neurology Recall or the ongoing follow up of patients in their care.

Mrs Owens explained Psychology Services have been provided and continue to provide psychological support to patients who have been referred to the service. Additional staff were recruited to assist with the provision of psychological support to patients who were recalled. The Neurology Advice Line has remained open and accessible since 2018 to any patient in need of support.

Mrs Owens noted the NRPSG believe these services are inadequate and stated the Trust would be happy to engage with NRPSG members to hear their specific concerns and seek to learn from patient's experiences.

Mrs Owens stated the Trust understands the great anxiety this process has caused many people. At all stages the Trust has endeavoured to ensure that those impacted have heard from the Trust directly. Every patient recalled has been told privately and in real-time if any aspect of their care, treatment or diagnosis has changed.

The Trust looks forward to engaging with the NPRSG and patients generally to be informed by their experiences and try to better meet their information needs.

Members noted Dr Jack has agreed to meet with representatives of the NRPSG, facilitated by a local MLA. However it is important to note the circumstances which led to the neurology recall are currently being investigated by the public Neurology Inquiry and in the context of this, the Trust is limited in the response it can make.

Mrs Owens stated that the Trust is committed informed on individual aspects of their care, but further explained it would be a huge challenge to continually write to patients updating them with any general changes. It should also be recognised that some patients do not want any additional information. Therefore, for this reason the Trust takes the approach of responding directly to patients when they request information.

Mrs Owens pointed out that Belfast Trust works in a wider system and takes direction from the Department of Health (DoH) on a number of matters. On these system-wide issues it is appropriate that the Minster or the DoH lead the communication around the Neurology Recall and not the Trust. As an employer, the Trust is bound by employment law and the legislation around confidentiality.

Mrs Owens advised the Trust is not leading on the redress scheme and the NPRSG submission had been shared with the DoH who would be best placed to answer an issues in respect of the scheme.

However, Ms Owens further explained, that the Trust continues to expedite requests to patients and their legal representatives who have requested a copy of individual medical records.

Mrs Owens stated Belfast Trust recognises that the care for many patients fell below an acceptable standard and recalled over 3500 patients to ensure that they had the correct diagnosis and were on the correct treatment. This was undertaken as quickly as possible without delaying other neurology patients who required care. The Trust absolutely accepts that this resulted in additional worry and distress for many patients and their families. Psychology services were made available for patients who needed help.

Mrs Owens advised feedback from patients attending their review appointment was positive and constructive with overall satisfaction, rated at 86%.

Mrs Owens referred to the ongoing public Neurology Inquiry and stated Trust staff have and continue to fully engage with the Inquiry. The RQIA has reviewed neurology outpatient services within the Belfast Trust and work is ongoing to strengthen the governance arrangements in outpatient services. The Trust is also working to increase the psychology service available to neurology patients who need this clinical expertise. Additionally, the Trust has introduced real time patient feedback on its inpatient adult wards and it is hoped to roll this out to outpatients in the next year.

Mrs Owens advised there is a neurology advice line operated Monday to Friday 9.00am to 4pm, (excluding weekends and public holidays) for any recall patient looking for advice, help or support. This advice line has been available since 2018. The Neurology Care Advisory Service is also available Monday to Friday. Other specialist neurology advice lines are in place to support patients with Multiple Sclerosis (MS) Motor Neurone disease (MND) and Epilepsy.

In concluding Mrs Owens stated the Trust is keen to engage with the NRPSG to hear lived experiences, learn from them and in so far as it is able share information and act in a supportive and compassionate manner.

Mr McNaney thanked Mrs Owens for her detailed report. He stated that Trust Board acknowledged the concerns raised by the NRPSG and endorsed Dr Jack's apology and regret, recognising patients have been harmed. He welcomed the Trust's engagement with the NRPSG and asked that Trust Board continue to be updated on the Neurology Review.

Mr McNaney asked that relevant Directors'' draft a response to the NRPSG and Mr Smyth for his approval, copies of which will be shared with Trust Board members.

11/21 Minutes of Previous Meeting

The minutes of the public Trust Board meeting held on 04 February 2022 were considered and approved.

12/21 Matters Arising

No issues raised.

13/21 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

14/21 Chie Executive's Business

b. Emerging Issues

Nothing reported.

15/21 Covid-19 Update

Mr Hagan presented an update report in respect of Covid-19. There are currently 27 Covid-19 related in-patients, the lowest inpatient total since September 2020. There are currently 3 Covid-19 positive and 2 suspect patients being treated in ICU. As of the 29 March there were 2 care homes, out of a total of 89, with a confirmed outbreak. There are 249 staff off work with Covid-29 related issues, a decrease of 20% over a 7 day period.

Mr Hagan commended the vaccination programme as of 30 March a total of 90830 vaccines had been administered.

Professor Bradley commented on the huge amount of care delivered by staff throughout the pandemic. He acknowledged the success of the Covid-19 vaccination and the school vaccination programmes. He wished to record grateful thanks to staff for achieving positive outcomes.

16/21 Muckamore Abbey Hospital

Ms Traub presented an update report in respect of Muckamore Abbey Hospital (MAH). As at 15 March 2021, there were 43 patients in residence with 2 on trial resettlement. One patient remains on extended home leave at the request of family in light of the pandemic. In the next six months, a further 5 discharges of Belfast Trust patients are expected to proceed.

Members noted there is a weekly Safety Report setting out performance against a range of patient safety metrics. There is also a weekly Live Governance call for all ward areas to feedback on the previous week's incidents, adult safeguarding referrals and any other governance issues.

Ms Traub advised current nurse staffing levels, with the combination of substantive nursing staff, long-term agency staff and nurse bank staff, are currently providing levels of staffing in line with the agreed nursing model. This remains under regular review given the inherent vulnerability of the workforce which comprises 75% agency registrant staff. Nurse staffing levels are reviewed daily on site, and are reported weekly across the senior management team and to the Department of Health.

Ms Traub advised following concerns raised by a patient's family member regarding staffing levels and pressure which staff are experiencing a series of open staff sessions, hosted by the MAH management team have been scheduled to encourage staff to share their feedback and/or concerns. These concerns have been shared with the DoH, RQIA and HSCB.

Ms Traub advised that, at the request of Dr Jack, a risk summit is being scheduled to include the DoH, the RQIA, the HSCB, SEHSCT, NHSCT and BHSCT.

Members noted there are 69 members of nursing staff who are on precautionary suspension. Of these 33 are registrants and 36 are non-registrants, 43 hold substantive posts in MAH. There is a small team of Consultant Psychiatrists (2.5 whole time equivalent), which is vulnerable due to its size. The risk in respect of clinical leadership remains with the current vacancy of the Clinical Director position as well as the longstanding vacancy in the Chair of Division position. Further options for both internal and external assistance are being explored.

Ms Traub advised staffing levels in the Adult Safeguarding service supporting MAH are being added to the service's risk register, due to ongoing DAPO and IO vacancies, combined with an increase in workload associated with historic concerns shared by the Patient Client Council (PCC). An Action Plan comprising immediate, short and medium term actions has been developed.

All Covid-19 outbreaks on site have now been stood down. There remains a cohort of staff who are off sick due to Covid-19 but all patients who had Covid-19+ have now recovered.

Members noted there a range of ongoing initiatives to enhance the involvement of carers and families in learning disability services. Discussions are ongoing with the HSCB and DoH regarding the future model of service provision.

Ms O'Reilly advised she had participated in the involvement initiatives with families and carers, with whom she had been involved. There had been good engagement with families and she welcomed the introduction of open sessions with frontline staff. She wished to thank Ms Traub for her leadership in relation to engaging with services users' families to develop a more appropriate care model for service users with learning disabilities.

Professor Bradley sought clarification on the risk summit.

Ms Traub explained the risk summit would provide an opportunity for the Trust to update all relevant agencies on the current risks and mitigations being managed by the Trust in relation to MAH. It would be the intention to agree a collective plan to develop a sustainable service and fit for purpose model of care.

Dr Jack stated the risk summit will allow the system as a whole to review the current position of the MAH site and allow the Trust to work in partnership with key stakeholders to plan for future care provision. She pointed out that currently there are more patients from other Trusts in MAH than BHSCT.

Mr McNaney referred to the use of restrictive practice and the previous issues with seclusion and sought assurance that there are appropriate governance

arrangements now in place and that incidents relating to seclusion are reviewed.

Ms Traub advised there has been a sustained reduction in the use of seclusion. The Seclusion Policy has been revised and clearly outlines governance arrangements in relation to documentation of decision making and regular observation of the patient; and timely decision to stand down seclusion. In addition each seclusion is discussed in the ward round and the weekly live governance call. A monthly audit is also undertaken of any seclusions on MAH site against the Seclusion Policy and includes family communication and multi-disciplinary team debrief. The audit reports are shared with staff and action plans developed in relation to any shared learning.

Mrs McKeagney acknowledged the continuing nursing workforce challenges on the MAH site and learning disability services across the Trust. She emphasised the need for this to be addressed by the Nursing Workforce Strategy being developed by the Trust.

17/21 Neurology Review

Min 10/21 refers.

18/21 Family Planning Review

Mrs Kearney advised the review of all patients seen by Dr A for a primary insertion or replacement contraceptive implant from October 2017 to August 2020 had been completed. She explained this was following a small number of incidents whereby this doctor failed to correctly insert an implant and the patients unexpectedly became pregnant. The review period started in October 2017 because patients are advised that the implant is effective for 3 years, after which they may become pregnant. Dr A was restricted from patient facing duties in August 2020. The patient review process was agreed with PHA and the HSCB and approved by the Minister for Health.

Mrs Kearney reported 729 women were contacted, there were no further unplanned pregnancies and all had an implant palpable. A total of 11 women were not contactable and a letter has been issued to their GP. At time of recall sadly 3 women had passed away due to other illness. No GP has raised any concerns to date. A report of the patient review exercise and the governance review is to being undertaken and will be presented to a future meeting of Trust Board prior to sharing with PHA and HSCB.

Mrs Karp referred to the 11 uncontactable women and asked if there had been any response to the Trust letter to their GP.

Dr Jack referred to the sensitive nature of the Family Planning Service and advised the PHA and HSCB had agreed the letter be issued to GPs as these could be vulnerable women who do not wish to be contacted. The GPs have not raised any concerns.

19/21 Royal College Review of Cardiothoracic Surgery

Mr Hagan provided an update in respect to the Royal College Review of Cardiothoracic Surgery and actions being taken to address concerns raised in their report. There continues to be some concerns in relation to behaviour amongst teams members, however Mr Hagan stated he could provide assurance that patients continue to receive safe and effective care. He said that when the service is benchmarked against National Institute for Cardiovascular Outcomes (NICOR) national standards there are excellent outcomes for cardiac surgery. Also the refocus on thoracic surgery and how cases are prioritised has resulted in a reduction in waiting time.

Mr Hagan referred to the risk summit that was held with stakeholders including DoH, HSCB, RQIA, GMC, NIMDTA, QUB and PPA. Recently NIMDTA has placed the service on enhanced monitoring given concerns raised by surgical trainees about bullying and undermining. Mr Hagan is in regular contact with NIMDTA in relation to this. A media enquiry was also raised with the GMC.

Mr Hagan advised the Trust continues to manage both issues of culture/team working and individual issues, in parallel. Extensive internal engagement, including strengthening of local clinical leadership is central to the approach to the management of the concerns. There have been no changes in the leadership arrangements since December 2020, a recruitment of clinical lead positions is planned in the coming months.

Members noted an internal meeting had taken place on 3 November and a further meeting was held on 25 January 2021 to update the team on progress. Arrangements are now in place for teambuilding with an external facilitator who has held individual meetings with key staff. External engagement included a stakeholder meeting on 23 October and again on 5 February 2021. Separate meetings have also taken place with NIMDTA.

Mr Hagan advised that following concerns in relation to racial discrimination being raised the Trust has commissioned an independent external investigation.

Professor Bradley sought clarification that it was the Trust who commissioned the Royal College report. Mr Hagan confirmed the Trust had invited the Royal College to undertake the review of cardiothoracic surgery.

Mr McNaney was pleased to note there were no patient safety concerns and asked that Trust Board be kept appraised of the continuing development of the service.

20/21 Infected Blood Inquiry

Mr McNaney noted Mrs Leonard was attending the Infected Blood Inquiry Hearing.

Dr Jack explained that the Infected Blood Inquiry is an independent statutory Inquiry established following the appointment of the Chair, Sir Brian Langstaff, in May 2018. Its focus is to examine the circumstances in which men, women and children treated by the National Health Service in the UK were given infected blood and infected blood products, in particular since 1970. The Inquiry is conducting a virtual hearing in relation to the Belfast Haemophilia Centre and its activities on 30 March to 1 April 2021.

Members noted Ms Jenny Richards, QC for the Inquiry, presented an overview and history of the of the Belfast Haemophilia Centre and its activities on 30-31 March, drawing upon the witness statements and documents supplied to the Inquiry of those treated at the centre and that of Dr Elizabeth Mayne former centre director from 1978-1999. Dr Gary Benson, Consultant Haematologist and present Director of the Northern Ireland Haemophilia Comprehensive Care Centre is today (1 April) giving oral evidence addressing practice at the centre from 2008 onwards. Dr Jack wished to acknowledge on behalf of the Trust that this continues to be a distressing time for the affected patients and their families and is committed to facilitating the Inquiry as fully as possible.

Dr Jack advised the Trust is providing a dedicated psychology support service to the affected patients and their families; the availability of which was again communicated by letter to all patients registered with the Belfast Haemophilia Centre and local support groups and charities last week in anticipation of the Inquiry hearing on-going at the moment. Measures have also been put into place to support our current and past employees, where they would like to avail of support, before and during this process.

Members noted the current position.

21/21 Safety and Quality

a. Quality Management/Performance Report

Ms Stoops presented the Quality Management System (QMS)/Performance Report for the period ending February 2021. She explained the report provided an update on activity in respect of Covid, Rebuild Plans and the 6 Quality Parameters i.e. safety; experience; effectiveness; timeliness; efficiency and equality.

Ms Stoops outlined the QMS Framework reporting arrangements which inform the QMS report.

Ms Stoops highlighted the continuing reduction in Covid-19 patients with 7 in ICU. In the community 2 out of 89 care homes had a confirmed Covid-19 outbreak.

Ms Stoops highlighted that during 2020-21 there had been 2,467 patient admissions due to Covid-19, with 207 admitted to Critical Care. Of these 83% had been discharged with excellent outcomes, a tremendous achievement for the teams involved. In addition to this the Trust had continued to provide support in the community which had presented significant workforce challenges.

In assessing the impact of Covid on service in the past year Ms Stoops highlighted the lower ED attendances and inpatient and daycase elective activity. There had been a 17% decrease in red flag cancer referrals.

Good progress had been demonstrated against the cancer performance targets for 14 day – continued to achieve 100% and 31 day 90%. However, there continued to be challenges in meeting the 62 day target, which was 44% in January 2021. In relation to community services there had been an increase in referrals, particularly to adult mental health, CAMHS, dementia services and acute care at home.

Ms Stoops outlined the significant impact on waiting lists, there has been an 11% increase in the number of people waiting for inpatient or daycase admission. There are over 45,000 patients on waiting lists, 64% of whom are waiting over 52 weeks. In relation to outpatient waiting lists there has been a 6% increase in the numbers waiting. There are now almost 110,000 people waiting on a first outpatient appointment, with 54% waiting over 52 weeks. Psychiatry of Old Age and Allied Health Professions waiting lists have also seen increase in referrals. Outpatient lists in mental health and CAMHS showed a slight improvement, however this is to be a temporary position. Learning Disability waiting list remained broadly the same.

Ms Stoops provided an overview of the Phase 3 Rebuild Plan, overall targets have been achieved against the plans. There are challenges around delivering the projected elective care activity, which had been projected ahead of a further Covid-19 surge, which had necessitated theatre nursing workforce being re-deployed to ICU.

Mr McNaney asked when is the elective surgery plan expected to be back up and running.

Ms Stoops advised that Phase 4 of the Rebuild Plans are being developed and will be shared following Ministerial approval.

In relation to the Classic Safety Thermometer Indicators performance continues to be within the control limits. Ms Stoops advised that targets for Safety Thermometer – Maternity and Mental Health Indicators are being developed and will be reported in future reports. The Trust Mortality rates remain within normal limits. The Trust mortality rate after elective surgery is

0.16% in line with a peer figure of 0.16% and in relation to emergency surgery the rate is 1.27% against a peer figure of 1.53%. The Trusts crude mortality rates compare favourably against peer hospitals with a mortality rate of 3.0% against a peer figure of 3.9% for the period January to December 2020.

Ms Stoops explained an assessment of readmissions within 28 days had been added to the QMS as a useful indicator of healthcare quality. The Trusts readmission rate for the period January to December 2020 is 7.7% against a peer figure of 9%.

There has continued to be a focus on Clinical Coding, particularly around timing with improved performance in that area. Focus is now on the depth and accuracy of clinical coding.

The Trust has continued to perform well against the Healthcare Associated Infection targets with a reduction in the number of inpatient episodes.

In relation to patient experience 99% of patients were extremely likely or likely to recommend the ward they were in to their family and friends. The regional Care Opinion data is also now included in QMS.

In relation to effectiveness and timeliness, overall there has been much more activity due to the pandemic with approximately 64% reduction in elective inpatients/daycase activity. A lot of work is on-going to increase theatre activity. There had been a slight increase in the average length of stay. There had been a significant decrease in diagnostics activity due to the first Covid surge, activity had increased to September, however in January only 74% of activity was being achieved. There will continue to be significant challenges in achieving the 9 and 26 week targets.

Ms Stoops highlighted that ED attendances are starting to increase since Christmas. Outpatient referrals have increased, but are still lower than pre pandemic levels. Approximately 10,000 consultant led outpatients appointments are being delivered every week, a third of which are virtual. Overall outpatient activity indicated that performance is at 92% of pre-pandemic activity which demonstrated a good position in terms of recovery.

In relation to Hip Fracture there was a 99% performance in February 2021 with only 1 patient waiting longer than 48 hours for treatment. There continues to be a focus on complex discharges with Acute Care at Home. Performance has been consistently 95% in relation to non-complex discharges.

Ms Stoops highlighted the significant 35% increase in the number of children on the Child Protection Register in the past year. There has also be an increase in the number of Looked After Children.

In relation to efficiency, the sickness and absenteeism figures have been higher due to Covid. In relation to statutory mandatory training there has been an increase in compliance against 7 of the 10 core areas since April 2019. However, there continues to be less than 50% compliance in 6 of the

core areas. QMS reporting over recent months has seen an added focus on mandatory training within Divisions.

There are underspends in goods and services and staff expenditure due to reduced activity, which will be used to offset the underlying deficit. At month 11 the Covid spend was at £108m. Use of agency staff had increased by almost 9% with a decrease in Nurse Bank usage.

In relation to equity, the Trust continues to focus on seeing priority patients, which has been established as a regional process. In some cases this may require patients to be referred to the independent sector or travel to Great Britain or the Republic of Ireland for treatment.

In concluding her presentation Ms Stoops advised that of the 35 targets set regionally there are 22 rated red which continue to be a challenge to achieve by year end. There are 5 amber 4 green, the remaining 4 relate to funding or resettlement issues outside the control of the Trust.

Mr McNaney acknowledged the comprehensive report, which was compelling in terms of highlighting the issues of significant concern. In relation to the 35 regional targets Mr McNaney asked if these had been set pre-Covid.

Ms Stoops said yes the targets had been set regionally over a number of years and had been rolled forward and the Trust does remain to be monitored against them and are required to report regularly to the HSCB and DoH. She explained that whilst these targets had been incorporated into QMS a range of other measures had been added to report more accurately on a real time basis.

Dr Loughran welcomed the continuing evolving QMS reporting which is much more meaningful. He noted the good recovery in red flag cancer patients being seen. He referred to some complex cancer surgery not being undertaken due to ICU capacity and asked if this had been restored.

Dr Jack advised that there is a process on-going to rebuild the ICU capacity with the expectation that by mid-April capacity will be back to pre-pandemic levels.

Dr Loughran referred to the Safety Thermometer and patients having their allergy status recorded in the clinical record and asked if this had an impact on these patients having their medicines.

Mr Hagan advised patients would have received their medication. However, this is an area for improvement and would be monitored and benchmarked against national safety thermometer data to ensure improvement.

Dr Loughran sought clarification in relation to the palliative care coding performance of 25% against peer figure of 32%. Ms Stoops advised this was coding issue associated with palliative care and a process is in place to focus on this area and undertook to provide further details in the next report.

Mrs Karp commended the improved QMS reporting. She referred to the Rebuild Plans in respect of Day Care and Day Opportunities for Learning Disability and the reduced provision for many service users and asked if there was a timescale for when services would be restored to pre-Covid limits. She referred to the success of the vaccination programme and carers expectation that this should assist the restoration of day care services for learning disability. Mrs Karp emphasised the need for carers to have a timescale to work towards.

Ms Stoops explained due to continuing Covid-19 restrictions and workforce availability Rebuild Plans are based on 3 months projected activity. With the next projections being from April to June it is not anticipated that services could be restored to pre-Covid levels during this period. She undertook to consider how timescales could be developed as to when services are likely to be fully restored.

Professor Bradley reiterated colleagues' comments on the improved reporting system highlighting key challenges across a number of services, particularly diagnostics, cancer and mental health, which pre-date the pandemic. He referenced the need for a regional system wide approach to address these issues. He welcomed the addition of readmission rates in the QMS. He commented on the need to monitor the community as lockdown begins to reduce and maintain ability to flex service if there is an increase in Covid-19 infections and hospital admissions. There is a need to build management of pandemics into future planning.

Ms Stoops advised that the Trust is linking with the Strategic Investment Board and DoH in relation to modelling and currently a further major surge is not being projected, this is as a result of the success of the vaccination programme, but will also be dependent on continuing adherence to Covd-19 restrictions. Flexibility is being built in to the Rebuild Plans should there be a significant increase in Covid cases, whilst at the same time protecting as much activity as is needed.

Dr Jack reflected that back in April 2020 during the first wave of the pandemic many services were downturned. However, the QMS report evidenced in October and January diagnostics, out-patients and community services continued to be provided, albeit at a reduced rate. In April 2020 there had been 136 Covid inpatients, whilst in January 2021 there had been 272 and elective outpatients and diagnostic and community services had continued to be delivered. Challenges remain around social distancing and vaccination alone will not stop Covid. Society needs to continue to follow the Covd-19 regulations.

Dr Jack referred to the mortality rates, whilst the Trust had remained within the required control limits there had been an increase in April and again in December and January, this reflects the Covid deaths, similar to all other Trusts across Northern Ireland and the United Kingdom. She wished to pay tribute to the Intensive Care and Respiratory teams as the mortality rate in

Intensive Care was half of the national average evidence in the Intensive Care National Audit and Research Centre (ICNARC) data.

Dr Jack referred to the patient experience 99% of patients cared for by the Trust have indicated they would recommend this Trust ward they were in to their family and friends. She pointed out that many wards have reached 100% in all 9 domains tested, this is a huge testament to the care provided by staff, despite Covid-19 and managing adverse conditions, barriers of PPE, limited visitors patients in our care continue to tell us that they feel safe and cared for.

In relation to Dr Loughran's comment in relation to the Safety Thermometer Indicators benchmarking, Dr Jack advised that this work was stood down by the Institute of Health Improvement due to the pandemic. The Trust has restarted them as it is important to sense make and sample audits of quality of care across wards. This allows any dip in services to be addressed in real time.

Mr McNaney stated the real time data and patient feedback is critical and Trust Board welcomes the evolvement of the QMS. He also referenced the need, when circumstances permits, to have a series of events for staff to acknowledge their contribution and thank them for their enormous efforts in continuing to provide care during the pandemic.

Mrs McKeagney stated the new reporting format assisted in analysing and scrutinising the QMS data and wished to thank Ms Stoops and her team. She referred to all the work undertaken to repurpose the BCH for the Nightingale facility and asked if this would add to the Trusts ICU HDU capacity.

Mr Hagan advised that whilst there may not be any additional structure there has been significant training. The Trust had trained lots of staff to work in intensive care, which will help with workforce in PACU as services are rebuilt.

Dr Jack referred to the Minister's announcement that the BCH would be the site for the regional major cancer service. The repurposing work may be able to offer enhanced recovery areas on some of the surgical wards given the enhanced oxygen supplies, however this will be dependent on staff availability.

Mrs Edwards also pointed out the estate work improved the electrical and ventilation resilience on the BCH site.

Mr McNaney advised that whilst Mr Smyth was unable to attend the meeting he had submitted some comments. Mr Smyth had referenced the decrease in mandatory training compliance and asked if plans were in place to address this.

Ms Stoops advised the QMS provided an added focus as Divisions will be required to include mandatory training compliance each month. In addition to this e-learning modules have been developed, some of these had been

delayed due to the pandemic, but are now available across the Trust. The fire training is particularly low, this is required annually and it has not been able to deliver the ward based sessions during the pandemic. The Mandatory Training Project Group is also holding a workshop to review the position and consider any further opportunities to improve compliance.

Mr McNaney referred to the increase of children on the Child Protection Register and asked if this was due to pandemic.

Mrs Diffin advised at the start of lockdown the number of referrals had decreased, however this substantially increased following the opening up of society last year. Feedback from the Family Support Teams is that the referrals are more complex, which is reflected in some other Community Children's Services. A piece of work is on-going reviewing the pathways into care as the number of Looked After Children are growing also and is considering whether there is any further support that could be given to communities. There is a growing concern in Children's Community Services, similar to mental health services, that the impact of the pandemic on children/young people and their families is significant and there will be a further increase in referrals as we come out of lockdown. The Trust is liaising with the Community and Voluntary Sector and Belfast City Council regarding providing additional supports to these families.

Ms O'Reilly, referred to the emerging mental health and child protection impact data and suggested the Social Care Committee should be considering some of the issues being highlighted by the QMS report. She highlighted the need to prepare, in terms of Covid rebuild a broader focus on the issues of inequality impact on mental health, loneliness, domestic violence.

b. People and Culture Priorities

Mrs Kennedy gave a presentation outlining the People and Culture Priorities document for which she was seeking Trust Board approval. She explained the document had been informed by numerous staff feedback initiatives including, the baseline cultural assessment and most recently, the 'Learning from COVID' work. She emphasised the purpose of the document was to ensure treating our staff as our most valuable resource and working to create the best possible workplace culture are both inextricably linked to our ability to meet our objectives under 'Right Time, Right Place, Right Care.' By embedding our core People and Culture metrics in our QMS, we commit to improving how it feels to work in the Belfast Trust.

Members noted that staff had told us there was a need for an increased focus on: staffing levels, the safety and wellbeing of our workforce, the capability and style of leadership, how valued and recognised staff feel, two-way communication and engagement. All of which are intrinsically linked to our ability to achieve our aim of - Delivering Safe, Effective and Compassionate Care through Right Care, Right Time, and Right Place.

Mrs Kennedy advised the document outlined the People and Culture metrics that will enable improved accountability, via the QMS, for directorates and divisions. The proposed structure will provide the strategic oversight and accountability of the high-level priorities as well as drive improvement activity at a local level.

In bringing forward the People and Culture Priorities the Trust is committed to:

- Improve staffing levels
- Keeping staff safe and helping them realise their best possible state of wellbeing
- Building a culture that facilitates an engaged workforce
- Continuously communicating and listening to staff and services users to enable Belfast Trust to be the best possible place to work and receive treatment
- Developing and supporting leaders to lead staff collectively and with compassion
- Improving how we recognise and value staff
- Building a culture that is compassionate, just and trauma informed

Mrs Kennedy outlined the enabling structure involving staff all levels with locally owned programmes of work within Directorate and Divisional Teams. A number of steering groups will be established to lead this work and report through to the People and Culture Board, which will include a Non Executive Director within its membership. Through collection, analysis, benchmarking and sharing of people and culture data, services will be able to prioritise efforts to drive improvement.

Professor Bradley welcomed the priorities and stated that workforce is the Trust's most valuable asset. He commented on the need for staff to be leaders in their own right.

Mrs Kennedy referred to the significant investment in Collective Leadership throughout the organisation. She stated that the need to recognise the role every member of staff has in leadership, it is not about their job title, but the leadership they bring to the role. A Leadership Steering Group will be established.

Ms O'Reilly welcomed the People and Culture Priorities document. She referenced data indicating leadership comes from the centre of an organisation and it is these middle management staff who play a key role in the culture of an organisation.

Mrs Kennedy advised that a Middle Management Development Programme has been introduced for Band 7 and above managers, providing digital learning, and facilitated support with Mentor support. This had been one of the key findings from the Culture Survey.

In response to a question from Mr McNaney, Ms O'Reilly advised she would be happy to sit on the Programme Board. She stated this work is a key role

for rebuilding services. Professor Bradley also agreed to be on the Programme Board.

Dr Jack said the Middle Management Development programme provided a consistent approach to develop these managers. She said the triangulation of data from real time service user feedback; staff feedback and the quality matrix will provide much better sense making across the organisation at every level.

Mr McNaney referred to staff recognition and asked Dr Jack and Executive Team colleagues to give some thought to a series of events to acknowledge staffs commitment during the pandemic. He referenced the many area across the organisation who continued to deliver services during extraordinary times and they need to acknowledge and thank individuals for their contributions.

Mr McNaney also advised he would be meeting with Mrs Dalzell to consider how the programme for Chairman's Awards could be managed.

b. Annual Quality Report 2019-20

Mr McNaney commended the content of the Annual Quality Report for 2019-20, which reflected a lot of excellent on-going work.

Mr Hagan explained the report outlines the many great achievements and development work undertaken around safety and quality in the Belfast Trust. centred around 5 categories:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Success
- Raising the Standards
- Integrating the Care

Mr Hagan advised Trusts were given additional time this year to produce their report as a result of Covid-19 pressures and have been asked to include a section on their learning from Covid. He highlighted the excellent Covid outcomes in the Trust ICUs', which is twice as good as Trusts in Great Britain. Also the 99% of patients who would recommend the Trust to their friends and family, real time feedback on the quality of care being delivered. He commended the improvements through the Safety Thermometer benchmarking, Charles Vincent Safety Huddles and QMS. Covid has allowed closer working with Primary Care.

Dr Jack pointed out the report was for the period 1 April 2019 to 31 March 2020 and the photographs were taken before Covid when there was no social distancing requirement.

Members approved the report, which will be emailed to all staff and formally published both in Belfast Trust and by DoH.

22/21 Resources

a. Finance Report

Mrs Edwards presented the Finance Report for the period ending 28 February 2021. She was pleased to report, subject to external audit, a breakeven position is anticipated for both revenue and capital for the financial year 2020/21. She pointed out for an organisation with £1.6b this is a significant achievement. This had been achieved, in part, due to new monies due to Covid and reduction in expenditure relating to reduced activity levels associated with Covid. Mrs Edwards paid tribute to all staff who manage budgets and their contribution to achieving the breakeven position.

Mrs Edwards advised there continued to be concern with the magnitude of the draft budget for 2021/22, with only 10% expected to be recurrent. In light of the challenges faced not just during Covid but the ongoing annual increased spend across the HSC system, the budget is not going to meet need. The small element of recurrent funding is a further challenge for financial risk exposure in terms of planning services.

Mr McNaney noted the non recurrent budget makes planning exceptionally difficult. Investment is required in order to implement improvement and requires recurrent funding.

Mr McNaney commended the breakeven position, given the pandemic this is an excellent achievement and wished to recognise the work done by all managers and the Finance team.

23/21 Any Other Business

No items raised.

24/21 Date of Next Meeting

To note next meeting scheduled for 10 June 2021.

In concluding the meeting Mr McNaney thanked everyone for their attendance, particularly those who had joined via live streaming.