

**Minutes of the Trust Board Meeting
held on 3 December 2020 at 10.30 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
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
Mr Gordon Smyth	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children's Community Services
Mrs Maureen Edwards	Director Finance, Estates and Capital Development
Mr Chris Hagan	Medical Director

In Attendance:

Dr Brian Armstrong	Interim Director Unscheduled and Acute Care
Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Bernie Owens	Director Neurosciences, Radiology
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Interim Director Adult and Primary Care
Dr Clodagh Loughrey	Interim Director Surgery and Specialist Services
Ms Claire Cairns	Head of Office of Chief Executive
Ms Paula Forrest	Co-Director Nursing – For Min. 54/20a
Mr Wesley Emmett	Management Consultant - Observing
Miss Marion Moffett	Minute Taker

Apologies

Mrs Caroline Leonard	Director Surgery and Specialist Services
Mrs Bronagh Dalzell	Head of Communications

47/20 Minutes of Previous Meeting

The minutes of the confidential Trust Board meeting held on 1 October 2020 were considered subject to minor amendments.

48/20 Matters Arising

a. Questions Submitted by Stanford Smith (Min. 40/10)

Mr McNaney confirmed that the Trust response to Mr Smith's questions, tabled at the previous meeting had been shared with members as follows:

Questions asked of each Non Executive and Executive team member currently employed should you not do the honourable thing and resign given the words of the minister above? And if not why not?

Each Board member you addressed has considered their personal position since the allegations of serious abuse first came to light in 2017 and deeply regrets the serious failings in care and the inability to ensure the effective implementation of governance at Muckamore Abbey Hospital during their time in office as a member of the Board of Belfast Health and Social Care Trust. For each Director and Non Executive Director, that is a matter of profound regret. However, each Director and non Executive Director sees it as their duty to put right the wrongs of the past, work hard to implement the findings of the Muckamore Review and to participate fully in the Public Inquiry announced by the Minister.

While the Board acknowledges its failings as made clear in the Review into Leadership and Governance at Muckamore Abbey Hospital (dated August 2020), it also recognises, as highlighted by the Review, that appropriate governance procedures were in place at Muckamore Abbey Hospital and that the Board was unable to act because there was a regrettable failure to escalate serious issues to the Board. The Board fully acknowledges the Review's comment that there was a 'lack of curiosity' shown by the Board which contributed to an environment which enabled the serious maltreatment of vulnerable people to go unnoticed for so long. This is a matter of profound regret to each member of Trust Board.

Since issues of ill treatment have come to light, Trust Board has focussed its energy and commitment to ensuring that Muckamore Abbey Hospital is a safe place for our patients. It scrutinises all aspects of care in Muckamore. Since September 2017 when the Board first became aware of allegations, Trust Board has taken significant steps to assure itself that issues of historic abuse are being dealt with and that ongoing care is safe - the governance arrangements which are in place today ensure there is appropriate oversight of all aspects of care and service delivery, and that there is escalation and response to any concerns.

Trust Board continues to seek independent advice on governance from experts in Great Britain, including Margaret Flynn, Chair of a Serious Adverse Incident Review into abuse at Muackamore, and most recently, from East London Foundation Trust, one of the leading specialist mental health and learning disability Trusts in England.

Questions asked of each Non Executive and Executive team member currently employed how many times have you visited Muckamore abbey hospital?

It is important to provide some context regarding the commitment of Non-Executive Directors. As members of Trust Board each Non Executive Director has a programme of commitments which includes membership of a number of Board committees, oversight of staff, communication with the Public and media etc. as part of this the Board completes various visits across all services and departments in the Belfast Trust. Non Executive Directors fulfil their remit by providing 4 days of service per month. The Trust has a budget of £1.5 billion, employs over 22000 staff, maintains over 2000 hospital beds and provides services in over 150 sites

I can confirm that since being appointed into current positions the following visits to Muckamore Abbey Hospital have taken place.

Board Member/ Director	Visit 1	Additional Information
Peter McNaney Chairman	7 + Covid virtual visit	Safety and Quality Visits/Trust Board Workshop/Chairman's Awards/family meetings
Martin Bradley Vice-Chairman	2	Trust Board Workshop /Visit
Miriam Karp Non Executive	2	*Safety and Quality Visit, family meeting
Nuala McKeagney Non Executive	3	Trust Board B Workshop/Visits
Patrick Loughran Non Executive	1	Trust Board Workshop
Anne O'Reilly Non Executive	0	
David Jones Non Executive	0	
Gordon Smyth Non Executive	0	
Dr Cathy Jack Medical Director 2014-Jan 2020 Chief Executive Jan 2020	11 + Virtual Visits during Covid	*Safety and Quality Visits/Trust Board Workshop/Meetings
Aidan Dawson Director of Specialist Hospitals and Women's Health	1	*Safety and Quality Visit
Bernie Owens Director responsible for Muckamore Abbey Hospital	From Tuesday 29 October 2019 to June 2020	Director attended all day Tuesdays on a weekly basis and also attended ad hoc meetings
Maureen Edwards Director of Finance	2	*Safety and Quality Visit/Senior Staff Meeting
Brenda Creaney Director of Nursing	17 +	Visits/meetings/Trust Board Workshop/ Executive Team meeting/ Celebration Event/Carol Services etc. In addition, since 2017 the Director of Nursing located herself and regularly worked from Muckamore Abbey Hospital.

**Safety and Quality Visits form part of the Belfast Health Social Care Trusts safety and quality improvement agenda to support the Trust in becoming a leader in providing safe, high quality and compassionate care through developing a culture of excellence in safety and quality by engaging, inspiring and supporting the workforce to deliver improved outcomes and experience for those in our care.*

Safety and Quality Visits involve Directors (from a different area of responsibility to that of the area being visited) and Non-Executive Directors visiting both clinical and non-clinical areas to provide an informal method for leaders to talk to front line staff about patient safety, what matters to staff and service users, showcase good work, discuss what could be even better and identify key actions to be taken to improve service user safety.

Question “And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?”

Since allegations of abuse came to light in August 2017 an update regarding these matters and actions to address failings at Muckamore Abbey Hospital, has been consistently included on Trust Board meeting agendas. Muckamore Abbey Hospital has featured as a regular standing item, initially in confidential session and publicly since July 2018. All public meeting minutes are available on the Trust website.

Minutes demonstrate provision of detailed information provided by the Trust management and how information has been consistently interrogated by Trust Board members with probing questions, challenge and testing of assurances provided by the management team. The Board acts collectively as a unitary body and as such, I do not believe it is necessary to specify how many times each member individually asked questions. At each meeting there has been discussion and all those staff listed in your request, have fully engaged through asking questions, providing views, advice, challenge and seeking assurances.

Apart from Muckamore Abbey Hospital, what assurances can the chief executive Dr Jack give myself and the concerned public, that there are no other incidents or concerns involving adult safeguarding at present anywhere within the trust?

The Belfast Trust provides a wide range of hospital and community services to vulnerable adults. Staff working in these services are recruited via robust Human Resource procedures and processes including checks with Access NI where relevant to their role. Staff are provided with information during their induction in relation to safeguarding and will receive further training as determined by their role and responsibilities. Professional staff involved in directly providing care also receive supervision from their line manager in accordance with their regulatory requirements. Despite these processes being in place safeguarding incidents do occur on occasions. The Trust has clear policies and procedures in place for responding to these incidents and concerns and in ensuring the immediate safety of the patient, the investigation and management of the concerns such that all necessary actions are taken, and that learning is identified and shared.

Dr Jack since your appointment as chief executive there has been a further 29 incidents of staff on patients at Muckamore abbey hospital which have been referred to the PSNI. Can you explain is Muckamore abbey hospital a safe environment for patients and is it fit for purpose?

Since the maltreatment of patients came to light in August 2017, significant lessons have already been learned and many improvements have been put in place to protect against this happening again. We now have rigorous processes to ensure the safe care of patients and we actively encourage a culture of greater openness amongst our staff and our families. Additionally, there have been many improvements to leadership and governance at Muckamore Abbey Hospital since 2017 including our work on governance with East London NHS Foundation Trust and as a result of the Serious Adverse Incident Investigation entitled, 'A Way to Go' and conducted by Margaret Flynn. We are confident that Muckamore Abbey Hospital is much safer today. Examples of improvements include:-

1. A weekly Safety Report which scrutinises incidents, including the use of physical interventions.
2. The use of seclusion and voluntary confinement is closely monitored and presented graphically to easily pick up trends. This includes not just the number of seclusions occurring but also the duration of any seclusion episode.
3. There is a weekly review of all incidents at ward level via weekly Live Governance, chaired by the Clinical Director;
4. There is also randomly selected contemporaneous CCTV viewing - all wards have CCTV viewing sampled and reviewed by an independent team on a regular basis.
5. A Safety Report is presented at each Trust Board and at the monthly Muckamore Directors Assurance meeting.

Trust Board also notes the comments by the Muckamore Review team at paragraph 8.34 " The Board members expressed their profound regret and shame for the events at MAH. The Trust Board has since made efforts across a whole range of systems to ensure the safety and wellbeing of patients. While the 2018-20 period falls outside of the Review team's terms of reference, access to pertinent documentation and personnel offered reassurance to families and carers that the Trust had learned from events of 2017 and taken a range of remedial actions "

b. Questions Submitted by Mrs Sandra Harris Crowther, Working Together for Learning Disability

Mr McNaney confirmed that the Trust response to Mrs Harris Crowther questions, tabled at the previous meeting had been shared with members as follows:

It is of deep regret to the Trust that families who are caring for or supporting family members with a learning disability feel abandoned by us. We take our statutory duty for involvement as laid out in the Northern Ireland Health and Social Care (Reform) Act 2009 very seriously, and fully accept that there is much room for improvement as to how we work together in the planning and provision of services for people with a learning disability. There were many families who were keen to be involved in the Belfast LD Forum and the lack of progress with this Forum from September 2019 onwards has also undoubtedly contributed to the sense of abandonment described.

We have identified a number of key steps we want to take to re-establish contact and start to rebuild our relationships so that we can move forward with our families as partners in our decision making and planning. Our first step will be to host a series of zoom joint engagement sessions with staff, families and carers across learning disability services, both hospital and community, to co-produce principles and models of good communication. These sessions will commence in November 2020.

We also plan to have a Non-Executive Director Champion for Learning Disability as a visible mark of our commitment to learning disability services. This Non-Executive Director will be supported by the Director for Learning Disability Services in taking forward a communication plan for families and carers.

I hope that this document will provide you with both information and reassurance that our desire is to see learning disability Day Centre services restored in the fullness of time, when it is safe to do so, and our desire to address a lack of proactive and meaningful engagement with our families. We look forward to engaging with you all as we do so.

- **Of the 517 service users (FOI) accessing Day centres prior to lockdown, how many are now accessing the day centre?**

Currently there are 311 service users attending the 8 Learning Disability Day Centres.

- **What was the number of service hours delivered to service users prior to lockdown and what is the level of service hours delivered now?**

Day Centre services are not traditionally calculated in service hours therefore it is unfortunately not possible to provide this figure. However, in 2019/20 there were approximately 8,850 attendances per month across Day Centres and Community Day Services. In September 2020, there were 2,162 attendances in Learning Disability Day Centres and an additional 67 attendances in Community Day Services for the two weeks they re-opened.

- **What criteria do service users have to meet to be offered a service?**

In line with the regionally agreed Learning Disability Recovery Framework developed by the HSCB in conjunction with the Trusts, family carers have been prioritised in Phase 1 and 2 of the Day Service Recovery Plan. Currently, in Belfast all service users who live at home with family carers have been offered a place back at their Day Centre. The vast majority of service users living with family members have returned since the Centres re-opened in July. However, a small number of families have been reluctant for their family member to return to the Day Centre due to concerns regarding Covid-19 and have said they would prefer to wait until restrictions have been lifted or after a vaccine is in place. Regular contact by telephone is being maintained with them should they change their mind. Additionally, activity resources

continue to be sent out and involvement with Zoom calls and some outreach activity such as walks is being maintained, where possible.

- **As of 1 October 2020, how many service users and staff are in each of our eight day centres during any 2hr session, since this seems to be the offering to service users?**

Numbers vary from day to day but on 28 October 2020 the numbers were as follow:

Centre	Service Users *	Staff**
Edgcumbe	25	19
Suffolk	17	16
Everton	18	17
Orchardville	28	19
Mount Oriel	10	6
Mica	8	6
Fallswater	5	4
Fortwilliam	9	6

***Service users'** numbers are those who actually attended on the day – across all centres there were a number who cancelled or did not attend for a variety of reasons.

****Staff numbers** include all Day Care staff including managers, deputy managers, and staff doing outreach work and working on community hub calls.

- **What are the expected, maximum number of people (staff/service users) that can be expected/ allowed in our day centres?**

Prior to re- opening, all Centres completed an environmental risk assessment. The risk assessment process included site visits where Infection Prevention Control, Health and Safety Team, a Carer Representative and Facilities Management were all invited to participate. This was an opportunity to both explain how different systems such as “social bubbles” and daily screening could work as well as agreeing on signage and location of hand sanitisers. As a result of these risk assessments, it was determined that there was a need to limit activity and footfall in order to demonstrate that social distancing could be maintained. The impact of this has been significant and some Day Centres which previously had 80+ service users attending each day are limited to less than 20 service users. The environmental risk assessments also highlighted a number of anomalies in the layout of our Day Centres, some of which were not purpose built. Some Centres have rooms leading off other rooms and infection prevention would not permit both rooms being used due to the risk posed with “through traffic”, so one room had to be stood down and used for storage. The number of staff and service users varies from Centre to Centre depending on the space, level of support needs (1:1; 2:1 etc.) but initial risk assessments have been assessed as follows –

Centre	Maximum Number of Service Users per session
Fallswater	5
Mica	10
Edgcumbe	30
Everton	21
Fortwilliam	6
Mount Oriel	5
Orchardville	28
Suffolk	19

- **What are the staff to service user ratios in each centre?**

Within each Centre there will be staff who are working directly with service users attending the Centre, while there are others who are involved in outreach work with other service users and others remain involved with the community Hubs contacting families, carers and service users. Staff to service user ratio depends on assessed need, some service users require 1:1 support, others 2: 1 support and others can be supported in small groups of 3 or 4. However, there will be 2 staff in all groups in case a service user requires support for a specific individual need, which may require them to leave the room.

- **What needs to be triggered in regulations/staffing to allow more access to the day centres?**

The most significant single regulation to allow an increase in accessing the Day Centres would be a reduction in the social distancing requirements.

- **How many of the 207 full time equivalents (FOI) working in day centres prior to lockdown are back in place?**

All of the staff employed in Learning Disability Day Services prior to lockdown have returned with the exception of 3 staff who continue to work in LD Supported Living services in Rigby Close and Hanna Street.

- **If they have not yet returned to LD (Learning Disability) where are they and why are they not being used to support LD?**

See above, all bar three staff have returned and their temporary redeployment is regularly reviewed with their Manager.

- **If they cannot work in the day centres due to restrictions on social distancing what are they doing to support LD service users?**

As above.

- **What LD service provisions are being initiated for service users in supported living, residential and nursing homes who were previously accessing day centres prior to lockdown, and desperately need access now to some day activities?**

We are currently undergoing a scoping exercise regarding service users in supported living, residential and nursing homes who were previously accessing Day Centres prior to lockdown with a view to developing some form of outreach work in the various facilities. Managers are asking all staff if they would be interested in providing this in-reach work but it will have to be done in the context of regional Infection Prevention and Control guidelines regarding Trust staff entering the various facilities as well as RQIA Guidelines.

- **What oversight do you have on the number of supported living, residential & nursing homes that have implemented the latest visiting guidance for families; have an activity schedule for all service users in these residential settings; have video calling facilities and adequate hardware; regular outside reviews/inspections; adequate testing and personal protective equipment?**

All providers are currently reviewing their visiting arrangements in light of recent guidance from the Department of Health and are in contact with the Trust's Care Managers in relation to this. However, there are a number of providers seeking further guidance from the Department of Health about the proposed Care Partner model before proceeding with implementation, in light of ongoing concerns around community transmission and increasing footfall. Trust staff continue to carry out virtual reviews of service users and visit the facilities if there are any concerns by either party.

Care Homes are working hard to support activities for service users in their settings in the context of high staff absence and limitations associated with the Covid-19 pandemic. Day care in-reach is being explored for residents who would have attended Day Centres.

In addition, the Department of Health asked each Trust to scope the equipment required across Care Homes, which included pulse oximeters, non - contact thermometers, Blood Pressure monitoring sets and ipads to support virtual visiting. The list of required equipment was shared with the Department of Health and funding has been made available to support the purchase of these items.

All Care Homes are registered for routine Covid-19 screening via the Public Health Agency and provide updates to Trust to advise on outcomes; in addition all Care Homes provide a daily Covid-19 status report to the Trust. The Trust delivers PPE on a weekly basis to Homes and provides training in donning, doffing and Covid-19 testing. Infection prevention control staff from the Trust have visited facilities to provide advice on a range of issues, for example, safe disposal of PPE etc. Any concerns about inappropriate use of PPE is followed up by unannounced monitoring visits by Care Management staff.

- **What level of respite is now available for families across the city, and what are the criteria for access?**

We currently have stood down all statutory short-break beds as these beds are being used as part of the Surge Plans for the service.

Throughout the first Covid-19 surge, there was a reduction in demand for commissioned respite beds as a number of families were concerned about the risk of their loved ones contracting Covid-19. The Trust recognises that there will be an increasing need for respite in the coming months with the impact of the enduring length of the pandemic and is in discussion with providers regarding capacity.

- **How many people with learning disabilities are transitioning from schools and what provision is being made for them?**

There are eight young people with a learning disability transitioning to Day Centres. The plan is that all young people transitioning to Day Centres will start late October, early November– contact from Managers have been made with individual carers and service users that we have received completed “About You” referral document for.

- **The Department of Health statistics published for Carers Assessments shows that the Belfast Trust has carried out 432 during the period April-June 2020. Of these 432 assessments, 20 were for Learning Disability. This represents 5% of the total assessments carried out across all programmes of care but more distressingly 2% of the population of service users living with family carers. If there was ever a time that the legal right for a carer assessment should be upheld, it is now. These families need supported and a range of services or DPs for carers themselves needs to be urgently developed.**

The Trust recognises that the level of carer assessments carried out has been poor. The Social Work team in Learning Disability services are targeting this area for improvement and it is kept under constant review as the Trust has a statutory obligation to offer an assessment to any carer identified under stress. There is no specific assessment used to identified carers under stress but it is based on the knowledge that the Team and Keyworker have of the family and service user and it is also identified when additional help and support is requested through any member of the wider multi-disciplinary including day services. The figure of 20 assessments being completed is correct although a further 20 assessments were offered but declined. During the period January 2020 to September 2020, 162 carers received a carer’s grant, which were used, for example, to avail of therapeutic treatments, assistance with ICT equipment during the first surge to facilitate zoom calls provided by day opportunities and zoom classes for carer activities and peer support. Carers assessments are an area that we keep under constant review. Trust staff have a statutory obligation to offer an assessment to any carer identified under stress.

- **What is the situation for the 1,055 service users not in day centres? What, if any LD service provision, education, or activity outings have been returned to them?**

Service users who are not in Day Centres are being supported in a range of ways. This varies from service user to service user, drawing upon a database which contains information on each individual drawn from community assessments and from key workers. This informed the additional support put in place by the Social Work team, which included one to one support, taking service users out for a walk, or house-sitting to allow families to fulfil errands. This service was provided by staff redeployed from Day Centres.

- **How many are accessing day opportunities (statutory/non-statutory)?**

The non-statutory organisations that we contract to provide community based day opportunities are collectively contracted to support 634 people with learning disabilities across the city – this will include service users attending Day Centres and those who do not.

- **What replacement services are now being planned to supplement this decrease in services, lack of short breaks, and especially for those restricted in supported living, residential and nursing homes with no access to daytime activities?**

All residential and nursing homes should have as part of their ongoing timetable a programme of daytime activities. However, it has been recognised that the increased numbers of residents not accessing Day Centres has put pressure on this resource. Regionally a cost pressure paper is being submitted to release funding for all of the commissioned residential and nursing homes to have additional resource for daytime activities. Within statutory day services, we have been considering how we can best support services users living within supported living, residential and supported living environments. Discussions are ongoing with RQIA as to the position of staff carrying out in-reach day activity in context of being “essential” in line with regional Care Home guidance and we are scoping numbers of staff who would consider doing in-reach work supporting service users already known to them in local residential and nursing homes.

- **What work is being done with community & voluntary sectors to increase the availability of alternative services?**

Each organisation has from the outset maintained contact with the Day Opportunities Manager in relation to alternative services they have in place and their method and process of delivery.

As a result each organisation has:

- Provided information on all alternative activities that replaced their contracted activity including any additional activity that they have undertaken
 - Developed a wide range of social media platforms and their IT capacity to enable them to increase the services that they provide and offer these services to a wider audience
 - Submitted a Recovery Plan detailing how they would continue to provide services and plans for a phased return to normal services where possible
 - Continued to submit Monthly Monitoring Returns detailing completed activity levels in terms of types of activity, hours and service user attendances and participated in quarterly Contract Monitoring Meetings which are ongoing
 - Completed Covid 19 Response Monitoring Return Forms detailing the alternative activity undertaken in both quarters and plans to restart activity aligned to their Contract
 - Consistently provided updates on ongoing activity and any special activities/events which enables us to promote the service across the Trust and with each of the other organisations
 - Contributed to the development of a BHSC Day Opportunities Newsletter to promote the work of their Organisation and to increase awareness of alternative services taking place across the City which has been shared with all staff in community teams.
- **How many families have been offered SDS (Self Directed Support) or a personal budget to be used to support families and stimulate other community-based activities?**

Currently there are 360 service users in receipt of self-directed support. One hundred of these were offered and arranged during the first Covid-19 surge. All packages were reviewed and additional support offered as appropriate for service users and families

- **What flexibility has been extended to families & service users on Direct Payments to use these creatively? How can the social workers be empowered to quickly respond to needs?**

All requests for self-directed payments are reviewed by the Senior Management Team within Learning Disability services. This usually occurs on a monthly basis. However during the first Covid-19 surge, requests were reviewed and approved by an Operational Manager within 1 working day.

As appropriate additionality to Direct Payments were given to enable service users to have increased hours to provide support as they deemed necessary to replace provision of day care services which were suspended.

- **Has an overview been developed of how the human rights of people with learning disabilities and their families are being impacted and an action plan prepared to address?**

The Human Rights of people with a learning disability is pivotal in all decision making taken by the staff within the service. It should be noted that a number of constraints which were placed on the provision of service were as a result of the Covid-19 pandemic.

- **How many people with a learning disability have died during this period with or without COVID-19? (How does this compare with the same period last year?)**

Since the beginning of the pandemic, there have been 4 deaths of our service users directly attributed to Covid-19. The table below identified the number of deaths of learning disability service users known to the Belfast Trust - this includes the four Covid-19 related deaths:

Usually place of residence	1.1.19 – 30.09.19	1.1.20 – 30.09.20
Nursing Placement	12	15
Residential	<5	<5
Supported Living	0	<5
Own Home	6	<5

- **What is the present level of ‘unmet’ need based on assessments for service users and family carers?**

As a result of Covid-19 the main areas of unmet need are due to the reduction in Day Care services and short breaks. Staff in the Community Learning Disability Teams and Day Services continue to support service users and carers at least weekly through practical and emotional support. Staff have also made carers aware of psychological supports that they can avail of through the Trust. Teams will escalate any concerns regarding unmet need, and the impact that this has on family carers and service users. Standalone Short Breaks beds which have been stood down are being used to support families in crisis.

- **Has this been escalated to the Health Board and Department of Health for extra resources?**

The biggest challenge facing learning disability services is the workforce to support the range of services required to be delivered. There is regular dialogue between the Trust, the Health and Social Care Board and the Department of Health

- **Is the COVID-19 Pandemic being used to permanently eradicate vital services for service users and to deliver on the objectives above?**

This is absolutely not the case. The Trust is seeking to incrementally rebuild services within the context of the Covid-19 pandemic. As has been described above, it is proving challenging for a range of genuine reasons to fully re-instate all services but it remains the Trust’s intention to achieve full restoration, rather than eradication, of these vital services.

- **Has the Belfast Trust the intention to reassess the needs of everyone who previously had a day centre place?**

The Trust has no plan to specifically reassess the needs of everyone who previously had a day centre placement. On an ongoing basis service users attending the Day Centres are reviewed and changing needs re-assessed and naturally all service users have an annual review.

- **What is the Belfast Trust's definition of 'complex' needs?**

The Community Learning Disability Teams would use the CQC definition of Complex Care as meaning "care for people with multiple and sometimes interconnected health, communication and social needs whose care typically requires coordination and input from a range of skilled professionals"

- **When will this begin and what advocacy will be available for service users and families through this process to make sure previous assessed needs are not denied?**

Individual service user keyworkers will advocate in their best interest on an ongoing basis. In addition to this, advocacy services are sourced as necessary through Bryson House independent advocacy service to ensure that previous assessed needs are supported.

- **Are zoom services the new innovative day opportunities for our service users? Is this the quality of life they deserve?**

Zoom sessions have been only one aspect of the activities delivered during lockdown. We have established four Community Hubs along geographic patches and aligned to our Community Learning Disability Teams. Their role has been to maintain daily telephone contact with families and service users, assist with activities and offer support. By the end of July, over 11,000 telephone contacts had been made with families and service users. To ensure timely and effective communication a daily report was sent by the Hubs to the Community LD Teams flagging any concerns where stressors were appearing. This proved a very effective and positive initiative welcomed by all involved.

Over 250 Hospital Passports were updated to ensure that up to date information was readily available should any service users be admitted to hospital. By the end of July, over 1,000 resource packs had been delivered to family homes to provide alternative activities for service users. Additionally, staff from the Centres provided a sitting service for families either enabling family carers to go shopping or collect prescriptions or allowing the staff member pick up whatever was needed. Alongside this a number of Day Centre staff were aligned to the Community LD Teams and allocated service users who lived alone to regularly call to at home to provide support with meal preparation and other domestic tasks.

As lockdown eased, we provided over 500 bus runs for service users to provide a welcome break for families and a pleasant activity for service users. Many of our Centres developed fortnightly or monthly newsletters which had quizzes, picture colouring competitions, jokes, birthday details etc. to keep people in touch with their centres and what both staff and service users were doing during lockdown and these proved very popular. Additionally, centres became very proficient in their use of IT and Zoom classes in Fitness, Cookery and Gardening as well as Zoom coffee chats became the norm.

Extensive work was also done in sharing Easy Read information with families on Covid-19 and the associated restrictions, including PPE and social distancing to support them in explaining what was happening to our service users. The effectiveness of this has really become apparent since our Day Centres re-opened and we can appreciate the high level of understanding and adherence to the rules amongst our service users about PPE, hand washing and social distancing.

- **A recent FOI asked each Trust across the region to provide the dependency levels of service users. Many Trusts including the Belfast Trust were unable to provide this information.**

There is no specific tool or standardised assessment available which identifies the dependency levels of service users in a consistent and comparable way. A range of professional assessments including social work, occupational therapy, psychiatry, nursing, speech and language therapy are collated and through a multi-disciplinary discussion, the agreed dependency level of service users and their support needs are identified. We agree that there is a need to further develop and invest in services in the community so that we can ensure that 'unmet' needs is able to be fully resourced.

49/20 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Questions Submitted

Mr McNaney outlined the following questions submitted by members of the public:

i. Mark Lambe, CBR NI

Finance

1. How much money has been spent on providing non-commissioned abortion services since April 2020?
2. What is the breakdown of the spending on non-commissioned abortion services
3. Where has the money been sourced from to pay for these services?

Governance

4. Has the provision of non-commissioned abortion services been approved at a Board level? If so when and please provide the minutes of that meeting.

Staffing

5. How many staff are engaged in providing non-commissioned abortion services and what has been the total cost of staffing, resources and facilities since April 2020?
6. Given that abortion is a non commissioned service it presumably falls outside the contracts of the staff involved. Are staff being paid by the trust for the time that they spend providing abortions?
7. Does the trust's insurance cover the staff providing non-commissioned services on trust premises?

Facilities

8. Many people who are opposed to abortion feel that they cannot, in good conscience, work at, or attend as a patient, any facility in which abortions are taking place. Please provide a list of all hospitals in the trust who are not providing abortions so that we can inform people of facilities that are ethically acceptable to use.

Abortion provision

9. How many abortions in the trust have been designated as Termination of Pregnancy for Fetal Abnormality since April 2020?
10. How many of these abortions have involved the use of foeticide?
11. In how many of these abortions has the child been born alive and left to die after birth?

ii. Stanford Smith

As the board will know there are seven principles under the code of conduct and accountability.

“Holders of public office are accountable for their decisions and actions to the PUBLIC and must submit themselves to whatever scrutiny is appropriate to their office.”

1. Does the Chairman accept the public still have a right to hold any board member to account especially surrounding Muckamore abbey hospital? If the chairman accepts this could explain the comments made by the FOI manager?
2. As of the twenty fifth of November what percentage of the trust's workforce is off sick or self-isolating?

The Nightingale hospital.

3. How many wards are there in total and how many wards are not in use at present?
4. How many fully trained ICU nurses are the trust short at present?

5. Given the pressures of Covid-19 what assurances can the board give the public that cancer services and in particular mental health services will be protected?
6. Following on from that question if the trust can't protect those services due to staffing shortages, would or has the board asked the health minister for military support?

Members noted the submissions and Mr McNaney asked Ms Cairns to co-ordinate written responses for his approval, copies of which will be shared with Trust Board members.

50/20 Chief Executive's Report

a. Covid-19 Update

Mr Hagan presented an update report in respect of Covid-19

b. Non Executive Director Lead for Learning Disability

Mr McNaney thanked Ms O'Reilly for taking on the role of Non Executive Director Lead for Learning Disability.

51/20 Chief Executive's Report

a. Covid-19 Update

Dr Jack provided an update in respect of the current Covid-19 Surge 3 position. She explained the number of Covid in-patients currently being cared for surpassed the earlier surges. Despite this the Trust is continuing elective and critical surgery, at a reduced level, as staff are redeployed to care for Covid patients. Out-patient reviews both face to face and virtual have been maintained to date, however this will continue to be closely monitored. In the community the Trust is providing mutual aid support to a small number of nursing homes.

b. Muckamore Abbey Hospital

Ms Traub provided an update in respect of Muckamore Abbey Hospital, there are 47 patients and 3 patients on trial resettlement. There are 68 members of nursing staff who are on precautionary suspension. The total number of staff who have been arrested associated with Muckamore Abbey Hospital is now 15.

Mr McNaney noted RQIA had undertaken an unannounced inspection of the hospital. Ms Traub advised a meeting was scheduled with RQIA on 11 December to receive feedback.

Professor Bradley welcomed the commencement of the disciplinary hearings.

Dr Jack advised she had written to the PSNI regarding the second tranche of disciplinary cases.

Ms O'Reilly welcomed the progress with family engagement.

c. Neurology Inquiry

Mrs Owens advised the DOH had not yet determined a date for the publication of the Outcomes 2 Report.

Members noted the Royal College of Physicians are undertaking the external validation of the Trust's own review of the records of patients who had a Blood Patch, and whose records have not already been considered in the course of the recall or other processes.

Mr McNaney noted the Trust is starting to make preparations for the Public Inquiry announced by the Minister on 24 November.

d. Outpatient Modernisation – Update

Mr Dawson and Ms Stoops gave a detailed presentation on the Outpatient Modernisation project to address waiting lists and roll out of virtual consultations.

In response to a question from Dr Loughran, Ms Stoops advised Microsoft are supporting the development of virtual video consultations. They are also considering further digital solutions. Consideration is also being given to developing booking apps which will allow people to book their own appointment at a time that suits them and the clinician; exploring systems that would assist with validation and prioritisation of patients most at risk and getting service user feedback.

Mr Dawson advised he will provide a further update on outcomes and progress in respect of reducing waiting lists to a future meeting of Trust Board.

Dr Jack explained the overarching aim of the project is to look at how do we create capacity to ensure people can be seen in a timely way and consider if people need to come into a clinic setting or can they be reviewed virtually.

Mr McNaney asked if service user feedback was received in respect of the service change. Mr Dawson advised that PPI from patients and Primary Care colleagues is included in all aspects of the work.

Mr Dawson referred to learning from Covid in the Child and Adolescent Mental Health Service, the use of virtual clinics received positive feedback from the young service users and created capacity to see more patients.

Mr McNaney commended the work to date and acknowledged the change management approach needed to deliver services in a different way which is safer for patients. He requested that further thought be given to prioritising some of the workstreams and that further focus be given to articulating short, medium and long term objectives for the work.

52/20 Safety and Quality

a. Children's Residential Child Care Services Report 2019/20

Mrs Diffin presented the annual report of the Residential Child Care Services for the period 2019/20. She explained the report provided information in respect of the 9 children's homes for the period. However Donard House a regional facility has since closed.

Members noted the following achievements:

- All residential staff receive Trauma Informed Practice training
- The establishment of the Developing Opportunities Outcomes Response Services (DOORS) with 25 young people from the children's homes engaging in diversionary activities
- Range of Staff Health and Wellbeing Strategies led by clinical psychologists
- The Missing From Care (MFC) Strategic Partnership with PSNI, with an 18% reduction in MFC incidents in the reporting year
- Parenting and Adolescent Community Support Service (PACSS) supported 45 young people from admission into residential care and successfully continue to live with family or carers.
- Quality Improvement projects, ranging from increased participation at young peoples safety huddle, de-escalation debriefing processes of staff and timely support to staff after high level incidents
- Signs of Safety training for staff from each children's home
- Regional Social Work Awards – Residential Services won and were runners up finalists in 2 Social Work Awards and 2 Chairman's Awards
- The PACSS Team won the Social Work Team of the year award
- 444 Antrim Road Children Home Team were finalist in the Social Work Award for Learning and Development re the "My Story?" assessment
- The Chairman's Awards – 'Whoa' Award : Manager in UASC Residential Home for commitment to service to young people in residential care. 'Dare to Win' programme, a collaborative project between BHSC, the PSNI and IFA, were runners up in the Strategy and Partnership.

Mrs Diffin highlighted the following challenges in respect of children's residential services.

- Influx of 33 UASC young people, consequential resource pressures on the residential system.
- Increasing number of young people requiring residential care (increased LAC and pressures within fostering availability) with multiple complexities (Substance Abuse, CSE, MFC, self-harming behaviours etc.).
- Increasing number of younger children requiring residential care (8-12yr), at times experiencing numerous placements and presenting with complex needs.

- Young people who present with high levels of polysubstance use and related risks. MFC / CSE, Safety Planning and teams managing the competing needs and presenting risks of young people.
- The need for adequately funded staffing levels, with particular regard to the funding of night care attendants.
- Vacancy control in response to the redeployment of the Donard Team and the subsequent impact on the recruitment of staff for the residential service and across the CCS Directorate.
- Glenmona Development: Managing the potential safety risks for the resident young people, the staff and members of the community, linked to the onsite vandalism and the arson incident in relation to Aisling House.

b. Children with Disabilities Residential Services Annual Report 2019/20

Mrs Diffin presented the annual report of the Children with Disabilities Residential Services for the period 2019/20. The report contained details of the 3 residential facilities.

Members noted the following achievements:

- During Covid staff continued to offer vital services to very vulnerable and complex children requiring full time residential placements
- Positive Behavioural Support model has been embedded in the service
- Multidisciplinary work is excellent
- Service Users feedback is very positive
- Practice Developments -staff have begun to develop practice centred on Trauma Informed Care and Signs of Safety
- Inspections – RQIA inspections have generally been positive

The following challenges were highlighted:

- Capacity - there is not enough residential capacity to meet the assessed needs of children – short breaks and long term care
- Staffing - there are a number of staff vacancies at a leadership level that need to be filled
- Legal - the Trust is responding to a number of Judicial Reviews in relation to the lack of provision
- Mental Capacity Act - There are outstanding DOLs to be completed
- Regional Strategy - there is an overwhelming need to develop a comprehensive regional strategy for children with a disability from Early Intervention to Children in Care

Mrs Diffin advised the Trust continues to liaise with the HSCB regarding the need for Children with Disabilities to pursue the capital bid to develop a new residential facility; and a strategy for Children with Disabilities from Early Intervention to Residential Care.

c. Adoption Services Annual Report 2019/20

Mrs Diffin presented the annual report of the Adoption Services for the period 2019/20. She highlighted the following achievements:

- 25 Children adopted from care, 8% increase on previous year.
- Expansion of and direct delivery of therapeutic support services to adopters and children.
- Development of a Peer Support Service for children and adoptive parents.
- Ongoing development of Post Adoption Services providing help, guidance, support, advice and early intervention service.
- Participation in a collaborative regional recruitment campaign specifically for more complex placements; sibling groups and older children (October 2019) resulting in assessment of 8 potential adopters.
- Launch of the central HSC Adoption and Foster Care Service as a single regional recruitment agency in February 2020.

Members noted the following challenges:

- Awaiting the legislative approval for the Adoption and Children's Bill – delayed by last year's Assembly suspension
- Development of services and post adoption supports through Transformational funding in preparation for the impending Bill.
- Allocation of assessments to minimise waiting times has been challenging, leading to some additional funding being allocated for this incoming year.

d. Regional Emergency Social Work Services Annual Report 2019/20

Mrs Diffin presented the annual report of the Regional Emergency Social Care Service for the period 2019/20, highlighting the following achievements:

- Modernising call handling – all calls into the service placed on PARIS – Improved recording of inappropriate calls and management of service user data.
- Introduction of new staff rota November 2019 as a pilot - improving health and wellbeing of staff - Reduction in staff working unplanned overtime by over 50%.
- Emergency Homelessness – Transitioned to the NI Housing Executive in January 2020.
- Health and wellbeing of staff - improvements in accommodation to support staff working shifts, break-out rooms, showers, standing desks, drinking water fountains, noise cancelling headsets, and seminars on sleep and diet for shift workers

Members noted the following challenges/risks:

- IT infrastructure – moving to stable platforms on all sites and reviewing the current SLA for out of hours support.

- Demands on other services –GP Out of hours/PSNI/NIAS are impacting on RESWS staff ability resolve cases in a timely manner. This is particularly the case for ASW assessments, and children requiring placements.
- There is a lack of emergency placements regionally for children who require admission to care out of hours.
- Impact of Covid on our workforce- home based working and limiting opportunities for both formal and informal debriefing
- Supporting our frontline staff and developing a culture of Trauma informed care. (2 projects underway- call-handling/social work staff)

e. Corporate Parenting Report – April to September 2020

Mrs Diffin presented the Data 10 Corporate Parenting report for the period 1 April to 30 September 2020:

Members noted the following:

- 3528 Children in Need, 3497 referred for an assessment of need
- 732 children with a disability
- 105 Young Carers
- 165 Sponsored Day Care places
- 316 children on Child Protection register (126 registrants within reporting period and 61 re-registrations)
- 881 Looked After Children
- 55 places are available in the Trust Statutory 9 mainstream residential facilities
- 3 place in the Long term Children With Disabilities facility
- 10 respite placements
- 2 voluntary placements and one private placement.
- 529 Foster carers
- 580 places
- All Looked After Children had an allocated Social Worker at the end of the reporting period.
- 6 children did not have their monthly statutory visits, due to change over in Social workers. Measures were put in place to complete outstanding visits.
- 505 Looked After Children reviews were held in reporting period
- 441 were outside of the time frames required explanations and mitigations were provided for all of these. The impact of the COVID restrictions has had an impact, transfer of Social Worker or Social Worker sick leave contributed.
- 373 young people are subject to the Leaving Care Act provisions.
- 63 young people are waiting for a Personal Advisor – an improvement since last reporting period.
Factors influencing the allocation of a personal advisor include, the increase in the number of looked after children, late entrants into care and the unaccompanied minors.
- 3 Pathway plans were not completed this was due to handover issues and allocation of new SW plans are in place to complete these.

- Leaving and After Care – 3 young people cautioned; 13 formally remanded; 11 convicted; 84 have a disability; 26 are parents; 22 are lone parents; 50 are receiving treatment for mental health issues; sadly 2 young people have died
- 529 Foster Carers; 580 places; 35 vacant places; 56 households with no child placed at period end; 87 annual reviews outstanding planned to be completed by end of November 2020; 74 Viability visits undertaken; and
- 35 Regional enquires received by the Trust
- Adoption – 23 enquires (9 from central website, 4 from specific local campaign); 16 have been waiting between 6- 12months from initial inquiry to commencement of training; and 33 domestic applications for assessment received by the Trust
- Early Years – 18,208 placements; 330 outstanding Inspections reporting period due to the COVID regulations as inspections were stood down in March 2020; there are number of outstanding registrations

Mrs Diffin explained the report provides assurance on the activities required in each of the areas of delegated statutory functions. Plans are in place to deal with areas of non-compliance which have been noted. Areas which remain a challenge for the Trust are the number of available Foster and residential placements for children coming into care, to enable matching and choice to meet children's needs.

Ms O'Reilly advised the senior leadership teams had presented all the reports in detail to the Social Care Committee. She reflected on the workforce issues across all services, particularly residential care for children with disabilities and the need for a regional approach.

Professor Bradley expressed concern at a recent media story raised by a member of staff regarding food poverty. Mrs Diffin advised that the Family Support Hubs, supported by the Trust, involving the community, voluntary and statutory sectors, including Belfast City Council were providing support such as food parcels to families.

Mr McNaney acknowledged he workforce issues reflected in the reports and proposed there would be merit in liaising with the NI Social Care Council as they were undertaking work in this area. Mrs Diffin undertook to follow up with NISCC and bring a report back to Trust Board in due course.

Following detailed consideration members approved all reports presented by Mrs Diffin.

e. Quality Management System Report

Ms Stoops presented the Quality management System (QMS) report which provided an update on activity in respect of Covid, the Phase 3 Rebuild Plans and 6 Quality Parameters i.e. safety; experience; effectiveness; timeliness; efficiency and equality.

Ms Stoops explained the QMS reporting structure and sought members views.

Professor Bradley welcomed the new QMS reporting and referenced the need for Trust Board to be advised of the concerns risks being managed in the organisation.

Ms Stoops explained going forward the intention would be for each Director to give an overview of their Divisions and report on their top 3 risks and how they are being managed.

Dr Loughran commended the non Covid work continuing in the Trust despite the public perception that only Covid services are being provided.

Following comments from Non Executive Directors Ms Stoops undertook to review the format of the reports as it is currently difficult to read due to the size of the print.

53/20 Resources

a. Finance Report

Mrs Edward presented the finance report for the period ending October 2020. She explained current end of year projections indicate a breakeven or possible small, which is similar to other Trusts due to Covid and downturn in services.

Members noted the report.

b. Major Capital Schemes

Mrs Edward advised that RICU had moved into the Critical Care building on the RVH site on 25 November. Following external infection control testing it is planned to begin transferring Theatre Services in mid-December.

c. Scheme of Delegation

Mrs Edwards presented the Scheme of Delegation which had been updated to reflect the revised EU threshold for procurement which came into effect on 1 January 2020.

Members approved the revised Scheme of Delegation.

d. Property Asset Management Plan

Mrs Edwards presented the Property Asset Management Plan (PAMP) for the period 2020/21 – 2024/25. She explained the PAMP provides an update in respect of the Trust property portfolio

Following consideration members approved the PAMP for submission to the DoH.

e. Business Case – New Regional Haematology Treatment Ward

Mrs Edwards sought approval for Outline Business Case (OBC) to the Department of Health (DOH) for the establishment of a new inpatient facility to provide specialist Haematology treatment. She explained there are long-standing issues with the current clinical environment necessitating significant refurbishment and expansion of the facility to improve patient safety and service user experience.

Mrs Edwards explained the OBC had been submitted to DoH, subject to Trust Board approval.

Following consideration members approved the OBC.

54/20 Audit Committee

Mr Smyth presented the minutes of the Audit Committee meeting of 30 June 2020, together with the annual Self-Assessment of Effectiveness Report

Members noted the content of the minutes and report.

55/20 Social Care Committee

Ms O'Reilly presented the minutes of Social Care Committee meetings held on 18 and 26 June and 29 September 2020.

Members noted the minutes.

56/20 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 28 July 2020.

Members noted the minutes

57/20 Any Other Business

a. Trust Board Business

Mr McNaney reflected on the need to review the format of Trust Board meetings to ensure appropriate time is given to reviewing progress on priority issues and ensuring the time available for meetings is most productively spent. It was agreed he would discuss the matter Dr Jack.

58/20 Date of Next Meeting

Members noted the next public meeting of Trust Board was scheduled for 4 February 2021.