

**Minutes of the Public Trust Board Meeting
held on 4 February 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
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

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
Dr Canice McGivern	Senior Manager, Chief Executive's Office
Mr Mark McKenna	Board Apprentice
Mr Wesley Emmett	Management Consultant
Miss Marion Moffett	Minute Taker

Apology

Mr Chris Hagan	Medical Director
----------------	------------------

At the outset of the meeting the Chairman led a minutes reflective silence as a mark of respect to all those who had lost their lives to Covid-19.

01/21 Minutes of Previous Meeting

The minutes of the public Trust Board meeting held on 03 December 2020 were considered and approved.

02/21 Matters Arising

No issues raised.

03/21 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Questions Submitted

Dr Jack outlined the following questions submitted by members of the public:

i. Mr Stanford Smith

1. Apparently the trust has 35 ICU nurse vacancies. The date the first vacancy arose and subsequent dates of the further vacancies?
2. Currently how many vaccine doses have been wasted?
3. How many of the senior executive team have received both doses of the covid vaccine?
4. At the last public board meeting in December 2020 the trust was asked about cancer services. This was the trust response.
"The Trust can confirm that it continues to prioritise cancer and mental health services. Chemotherapy and radiotherapy treatments continue, but access to theatre for cancer surgery is reduced due to theatre nurses being required in COVID ICU. The Trust is seeking to identify additional surgical capacity in other Trusts and the Independent Sector."

How many red flag cancer operations have been cancelled since the last public trust meeting in December?

5. Does the Board accept a direct link between cancelled lifesaving cancer operations and their failure to fill 35 ICU nurse vacancies?

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

c. Deputy Chief Executive Appointment

Mr McNaney was pleased to report that following a recruitment process Mrs Bernie Owens had been appointed to the Deputy Chief Executive position.

Members congratulated Mrs Owens on her appointment.

Mrs Owens thanked Mr McNaney, she said she had been delighted to be offered the position and was looking forward to working with the Executive Team and Trust Board to further develop and improve services in BHSCT. Mr McNaney wished Mrs Owens every success in her new role.

04/21 Chief Executive's Business

a. Emerging Issues

i. Ophthalmology Services

Dr Jack advised that in January 2021 there was a small number of Serious Adverse Incidents (SAI) in the Glaucoma Service. In particular in the waiting list managed by SEHSCT, (BHSCT delivers the critical care). Due to this an urgent review of all Ophthalmology Waiting Lists was undertaken. Arising out of the review there was an issue of timely glaucoma treatments which is being followed up. A further issue was flagged about time critical treatment for individuals with macular disease, which has been delayed due to Covid. The service has identified the issues and developed an Action Plan and Recovery Plan. An Early Alert has been issued to the DoH.

Members noted the position.

ii. EU Exit

Dr Jack referred to EU Exit and advised that work was continuing on an all-Ireland model with dual registration of staff providing all Ireland services, such as Paediatric Cardiac. The All-Island Congenital Heart Disease Network have issued a helpful letter of support in relation to this. Arrangements are in place to closely monitor pharmaceutical products, PPE and oxygen supplies. As yet there have been no issues to report to Trust Board.

Members noted the position.

b. Covid-19 Update

Dr Jack referred to the DoH Regional Surgical Prioritisation Group and advised a number of BHSCT patients were having their surgery in other Trusts. Their surgery is being performed by BHSCT surgeons and support teams. BHSCT is looking to extend its surgical lists to be able to cope with those regional surgeries that can only be carried out in BHSCT. The region has linked with the CaNNI Oversight Group to see, as critical care is scaled down in the Nightingale Network, how critical surgery can be scaled back up equitably across Northern Ireland.

Mr McNaney thanked the Covid Vaccination Team, led by Mrs Owens, for the roll out of the programme. He asked that Trust Board members' appreciation be passed on the teams involved.

Professor Bradley referred to the BHSCT Surge Plan and commented that the planning had ensured the Trust was well organised in managing the Covid Surge.

Mr McNaney stated the planning and preparation, led by the Executive Team, was testament to the adaptability and cooperation of staff to provide services for patients and service users. He thanked Dr Jack and the Executive Team.

Dr Jack highlighted that during the pandemic BHSCT had helped out NHSC and SHSCT, working together to ensure services continued.

Mr McNaney commended the regional system approach to ensure the entire regional capacity is used as equitably as possible

Miss Creaney wished to record thanks to Sister Liz Moore, (Ward Sister, ICU Stepdown BCH Nightingale) who had joined the Minster yesterday, 3 February 2021, at the Covid Update Briefing.

Mrs Owen wished to record thanks to the 50 military (MTAs) who are currently working in the Trust. They are providing a very welcome service to the ICU Nightingale and wards in BCH.

Dr Jack explained that the deployment of the MTAs has allowed staff, redeployed to support the Nightingale, to return to their substantive posts

Mr McNaney recorded appreciation to the military staff on behalf of Trust Board for the important role they are providing to patients.

c. Muckamore Abbey Hospital Update

Dr Jack advised there are currently 44 patients resident in Muckamore Abbey Hospital (MAH). As at 20 January 2021, there are 70 members of nursing staff on precautionary suspension, 34 registrants, and 36 non-registrants. Of these 70 staff, 45 hold substantive posts in MAH. There have been two outbreaks of Covid-19, both of which are being managed appropriately.

Members noted on 11 December 2020 RQIA provided feedback to the Trust on its unannounced inspection of MAH on 27-29 October 2020. The overall feedback from this inspection was positive. On 15 January 2021, RQIA received whistleblowing concerns regarding a range of issues associated with Erne Ward, MAH. As a result of this an adult safeguarding referral was generated, and RQIA undertook an unannounced inspection of Erne Ward on 21 January 2021. The formal report of this inspection is awaited.

Dr Jack reported that a range of engagement events and other developments are underway to reconnect with families across MAH and community settings.

Members noted work is continuing in relation to the disciplinary processes and a number of employees have been dismissed.

d. Neurology Update

Dr Jack advised the Trust is continuing to work with the Royal College on their case note review.

Mr McNaney reminded members that the Inquiry had been translated into a statutory inquiry.

Members noted the position.

05/21 Safety and Quality

a. Quality Management System Report

Mr McNaney commended Ms Stoops on the real time data provided in the Quality Management System (QMS) report.

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

Ms Stoops highlighted the considerable impact of Covid on elective work, with people waiting longer than we would like for inpatient/day case and outpatient appointments. There had been a greater impact on services during Surge 3 with staff having to be redeployed to manage the higher demands for inpatient and ICU. Whilst emergency surgery had continued, elective had to cease for a period of time.

Members noted at 23 January there had been 262 Covid in-patients and in the community 19 care homes in outbreak, this has now reduced to 12. There have been a high number of staff off due to Covid related issues, which is significant given the ongoing workforce challenges due to vacancy levels.

In relation to the Phase 3 Rebuild Plan, in the main we had achieved what had been expected. However, there have been some challenges, particularly in delivering the projected elective care activity.

Ms Stoops said there were no significant issues in relation to the Safety Thermometer performance. The Trusts risk adjusted mortality rates are within normal limits. Regarding real time feedback, there are consistently high scores in both overall satisfaction and the family and friends test.

Ms Stoops advised she has been liaising with Ms O'Reilly in relation to including an "Involvement" measure into the experience section of the QMS report.

In relation to effectiveness and timeliness due to Covid, overall there has been a significant impact on elective surgery. The Trust has continued to treat red flag and urgent patients within available capacity. Waiting lists have continued to increase, which is concerning. The Trust has continued to deliver on the 14 day cancer access target, however the 31 day and 62 day targets remains challenging. In relation to Fractures, performance had remained over 90% since April 2020. There has been a sharp decrease, however, in patients being treated within 48 hours in December 2020. There were 99 neck of

femur fractures presenting at RVH in December 2020, 8 more than in the same period last year

With regard to equity, members noted the HSCB and Trusts' were working to prioritise patients for surgery to ensure those with the highest need get treated first. This may mean surgery will be offered in a different hospital or in an independent sector provider. BHSCCT, on behalf of the region, are also seeking additional surgical capacity in Great Britain and Republic of Ireland hospitals where possible.

Mrs McKeagney wished to congratulate Ms Stoops and her team for the excellent transformation of real time data. The data presented gives clear insight into what the priorities are for the Trust and progress against targets.

Professor Bradley welcomed the much more informative reporting. In relation to Covid ICU occupancy he acknowledged the significant increase in patients from 22 to 31 between 18/19 January and commended the planning which ensured the Trust had the ability to manage the situation. He also was reassured that the school vaccination programme has been progressed in a difficult year with almost 30,000 children vaccinated by December.

Dr Loughran acknowledged that, whilst a number of services had been impacted, a range of critical care services had continued to be delivered. He highlighted the reduction in CAMHS performance as concerning. Dr Loughran stated that he was assured that any issues/concerns are being picked up and action taken to improve the situation.

Ms Stoops advised in relation to CAMHS there has been an increase in referrals. During Covid virtual clinics had been very popular with the young people. However, due to the complexity of referrals it has been felt necessary to offer face to face appointments. It is anticipated that there will be a significant increase in CAMHS and Mental Health referrals as the Covid Surge reduces.

In response to a further question from Dr Loughran, Dr Jack outlined action taken to improve performance within the Fracture Service. Additional theatre lists were put in place and a review of patient flow and discharge undertaken. This has resulted in an improved position during January.

Dr Jack referred to the consistent performance in relation to the 14 day breast target and advised there is a projected recovery plan in place in relation to the 62 day target performance.

Dr Jack acknowledged the improvements in the QMS providing real time data, it is subject to further development and future reports will include further information on outcomes.

Mr Smith also endorsed the QMS report format and narrative. He referenced the drop in Mandatory Training performance, particularly Fire Safety and asked if action is being taken to address this.

Ms Stoops explained that through the QMS there is an added focus on Mandatory Training and future reports should see improvement.

Mrs Karp commended the Executive Team for the way in which Covid has been managed. She acknowledged the challenges staff have, and continue to, manage and it will be these same staff required to rebuild services. She asked what support were being provided to them.

Dr Jack advised that she had discussed this issue recently with the CNO and it was agreed that a voluntary questionnaire would be issued to staff dealing with trauma to better understand what support they need to prevent Post Traumatic Stress in future months. BHSCT is piloting this work in the Nightingale. It is also recognised that we need to be sensitive to staff needs. Staff will need time to rest and recover before commencing work on the rebuild programme. Therefore a plan is in place as the Nightingale retracts, staff will be encouraged to take leave. Mrs Johnson is overseeing this, in line with the Regional Critical Care and Respiratory Hub, chaired by Mrs Owens. This will ensure it is managed in order that patients requiring urgent surgery are not disadvantaged.

Mrs Owens explained the need for balance in delivering the theatre capacity and ensuring staff have a break.

Professor Bradley commented on the need for staff to be supported at local level. He referenced recent evidence indicating that some nurses are considering leaving the profession given their experience dealing with Covid.

Mr McNaney wished to record members concern in terms of staff sustainability and acknowledged that Dr Jack and the Executive Team are considering and working with staff to support them. Staff need to be cared for in order that they can look after our patients and service users.

Mr McNaney welcomed the report highlighting the reduction in the use of seclusion within MAH.

Mr McNaney referred to the drop in Direct Payments and given the recent pandemic this would have been expected to increase.

Mrs Edwards advised there is a lot of bureaucracy associated with managing Direct Payments and she and Ms Traub had recently met to discuss a review of processes.

Mrs Diffin advised during the pandemic families have been reluctant to have people coming into their homes.

Ms O'Reilly advised that this had been raised as a specific issue with the Learning Disability Community families in relation to the call for Direct Payments to empower them to make their own arrangements in respect of day care. She also referred to the No More Silos Older Peoples Discharge work and advised that there is correspondence from the DoH suggesting that

Direct Payments could be used more creatively to help with flow and discharge. The use of Direct Payments to rebuild community is also being considered within the community and voluntary sector.

Mr McNaney asked that Mrs Edward liaise with Mrs Diffin and Ms Traub and present a short paper on how we can support people to access Direct Payments to a future meeting.

In concluding the discussion Mr McNaney stated the QMS report provided much more focused information to help understand and manage the Trust was a very complex organisation.

06/21 Resources

a. Finance Report

Mrs Edwards presented the Finance report for the period December, 2020 which continued to anticipate a breakeven position at year end.

b. Charitable Trust Funds Applications

Mrs Edwards presented the following Charitable Trust Funds applications, which had been to the Charitable Trust Funds Advisory Committee:

- Obstetrics and Gynae to purchase a laparoscopic stack to enhance the patient experience
- Oncology – to support the establish a new haematology treatment centre for Northern Ireland, and the anticipated costs are £5.5m

In response to a question from Professor Bradley, Mrs McKeagney advised the Obstetrics and Gynae costs was £140,000.

Mrs McKeagney confirmed both applications had been approved by the Charitable Trust Funds Committee.

Members approved the applications.

07/21 Audit Committee

a. Minutes – 15 October 2020

Mr Smith presented the minutes of the Audit Committee held on 15 October for information. He referred to the unacceptable assurance in relation to Clifton Park and pointed out that this did not apply to the Trust. He also referred to the unlimited assurance in respect of E-rostering last year and was pleased to report satisfactory assurance this year. The Head of Internal Audit had acknowledged the improved position in a relatively short space of time. Mr Smith paid tribute to Miss Creaney who had been the lead Director and wished to commend her and her team for taking action to address the recommendations quickly.

Mr McNaney welcomed the Head of Internal Audit comments that BHSCCT was performing well compared to other HSC organisations.

b. Terms of Reference Annual Review

Mr Smith presented the Audit Committee Terms of Reference, which had been subject to annual review, with no revisions made.

Members approved the minutes and Terms of Reference.

08/21 Any Other Business

a. Questions Submitted by Mr Standford Smith – 3 December 2020

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

1. In a recent reply to a FREEDOM OF INFORMATION REQUEST in relation to Muckamore abbey hospital, the FOI manager stated the following to me.

“ We have not provided a list of those present and still employed as we consider this is a vexatious request targeted towards particular individuals and office holders.

Vexatious definition.

“causing or tending to cause annoyance, frustration, or worry.”

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.”

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?

The Freedom of Information request has been reviewed and the information you requested will be made available to you. This is currently being co-ordinated by the Freedom of Information Office and will be forwarded as soon as possible.

I can once again advise Trust Board members are committed to the Code of Conduct and Accountability. All the members of the Board accept their duty of Accountability, which is reflected in the fact that public Trust Board meetings are held and minutes of these meetings are kept which record its decisions and actions it has taken.

2. As of the twenty fifth of November what percentage of the trust's workforce is off sick or self isolating?

8.80% of staff were absent owing to Sickness and Self Isolation.

This is broken down as:

7.68% - Covid and Non-Covid Sickness Absence

1.13% - Self-Isolation.

3. The Nightingale hospital.

- **How many wards are there in total and how many wards are not in use at present ?**

Pre COVID there were 21 wards on the BCH site, of these 19 are currently in use as follows.

7 wards currently have patients

3 additional wards are set up as ICU wards

1 ward is being used to deliver Chronic Pain Services

1 ward is being used for in fusional and IP rehab services

4 ward areas are being used as staff breakout areas to maintain social distancing. There are a larger than normal number of staff due the increased ICU bed complement and additional staff.

3 wards are being used for administration teams adhering to social distancing

- **How many wards are there in total and how many wards are not in use at present ?**

2 additional wards are ready to be set up as part of the contingency ICU beds we were asked by DoH to keep available

- **How many fully trained ICU nurses are the trust short at present ?**

The Trust currently has a Critical Care Nursing funded workforce of 254 registered nurses. 35 of these posts are currently vacant.

- **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?**

The Trust can confirm that it continues to prioritise cancer and mental health services. Chemotherapy and radiotherapy treatments continue, but access to theatre for cancer surgery is reduced due to theatre nurses being required in COVID ICU. The Trust is seeking to identify additional surgical capacity in other Trusts and the Independent Sector.

- **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 ?**

The Trust has informed the Department of Health of the pressures on services and the Department is leading the discussion on how to increase the capacity across the region. The Trust had not specifically sought military support.

09/21 Date of Next Meeting

Members noted the next meeting was scheduled for 1 April 2021.