

**Minutes of the Trust Board Meeting
held on 1 October 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
Mr Gordon Smyth	Non-Executive Director
Professor David Jones	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Dr Patrick Loughran	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children's Community Services
Mrs Maureen Edwards	Director Finance, Estates and Capital Development
Mr Chris Hagan	Interim 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 Caroline Leonard	Director Surgery and Specialist Services
Mrs Bernie Owens	Director Neurosciences and Radiology
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Interim Director Adult and Primary Care
Ms Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Mr Wesley Emmett	Management Consultant – Observing
Mr Marc McKenna	Board Apprentice
Miss Marion Moffett	Minute Taker

Apologies

38/20 Minutes of Previous Meeting

Members considered and approved the minutes of the previous meeting held on 2 July 2020 subject to the following amendment "... written response to Mr Stanford Smith" instead of "Smyth".

39/20 Matters Arising

a. Questions Submitted by Stanford Smith

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

1. Who was in overall charge of discharging patients to care homes during Covid_19?

The decision to discharge patients from hospital is the responsibility of the Multi-Disciplinary Team (MDT) team led by the Consultant responsible for a patient's care.

2. With having regards to Article 2 of the Human Rights Act "Right to Life" why did the Belfast Trust discharge any patient with Covid-19 or suspected Covid_19 to a care home?

As detailed below the BHSC followed the guidance issued by the Health and Social Care Board and the Department of Health with regard to Care Homes. This included guidance on the testing and discharge of patients with Covid-19.

Date	Documents/ Communication	Guidance
17/03/20	Guidance for Nursing and Residential Homes in Northern Ireland.	Point 12: Nursing and Residential Homes should work closely with Trusts to facilitate discharge from hospital Point 13 No PPE required if neither resident or care worker have no symptoms
19/03/20	HM Government (NHS): Hospital Discharge Service Requirements	Page 3 Summary Outlines clear priorities for discharge 1.1 indicates – unless required to be in a hospital, patients must not remain in an NHS bed.
23/03/20	Letter from DOH COVID-19 Support to Independent Sector	Letter outlining that the RQIA had been directed to reduce the frequency of its statutory inspection activity and cease its non-statutory inspection activity and review programme with immediate effect. In addition, RQIA would act as first point of contact for the independent sector providers regarding Covid-19 queries.

26/03/20	Letter from DOH Covid-19 Preparations for Surge	Urgent Discharge of all Medically Fit Patients - advises Trust to implement effective discharge arrangements for people medically fit to leave hospital and should maximise use of all spare capacity in residential, nursing and domiciliary care.
2/04/20	Admission and Care of resident Guidance during Covid-19 – incident in a care home (DHSC, PHE, CCC, NHS)	Provides guidance on transferring Covid-19 positive and negative patients to a care home. Highlights that all patients can be safely cared for in a care home if the guidance is followed.
03/04/20	Letter from HSCB Hospital Discharge Protocols from HSCB to Care Home Providers	Focuses on discharge from hospital to care homes. Provides guidance on isolation of patients exposed to Covid-19 and symptomatic patients. States there is no expectation that patients are tested for Covid-19 before discharge from hospital to a care home.
25/04/20	Letter from DOH Changes to testing arrangements for care homes – admissions and discharges	Change in testing guidance – all new outbreaks in care homes require staff and residents to be tested.
15/05/20	Letter from DOH Repurposing of ACAH and Enhancing Care at Home	Provides guidance and outlines expectation of DOH to Trusts in supporting care homes.

3. What guidance or process did the Board give to medical staff on the discharge of patients with Covid-19 or suspected Covid-19 to Care Homes?

The following guidance was issued to medical staff:

- 19/03/20 Hospital Discharge Service Requirements (HM Government – NHS)
- 25/04/20 Letter from the Department of Health to retesting arrangements for care homes – admissions and discharges

4. What clinical ethics guidance was given to staff to prioritise ventilators during Covid-19?

Medical staff working in critical care were guided by information from the Intensive Care Society and Medical Royal Colleges. In addition, the Trust

has a Clinical Ethics Group which was available to discuss any appropriate ethical issues.

As the number of critical care patients was never higher than the available capacity of the Trust to provide critical care treatment (including ventilator support), prioritisation of patients needing ventilators was not required.

The Care Act (2014) ethical framework for Adult Social Care is referenced in the guidance issued on 25/04/20- Admission and Care of Resident Guidance during Covid-19 – incident in a care home (DHSC, PHE, CCC, and NHS).

5. On what date was the Board made aware that inspections of Care Homes by RQIA housing Trust patients was to reduced or stopped during Covid_19 ?

The Department of Health communicated in writing to the Trust on 23/03/20 that the RQIA had been directed to reduce the frequency of its statutory inspection activity and cease its non-statutory inspection activity and review programme with immediate effect.

6. In relation to reduction or cessation of inspections by RQIA into Care Homes during Covid-19 what actions did the Trust take to ensure the safety of their patients under Article 2 of the Human Rights Act “Right to Life”?

The Trust undertook a range of activities to support Care Homes and ensure the safety of their residents:

- Care Home workshop facilitated with invites to all care home providers on 16th March 2020
- Single Point of Contact established over 7 days to support Care Homes with advice and PPE on 18th March 2020
- PPE distribution team established : 5,441,705 pieces of PPE issued to date from 18 March 2020
- Care Home Nursing Support Team provided enhanced clinical support over 7 days/week to Care Homes with an outbreak with daily virtual ward rounds and on site assessment of residents from 28 March 2020
- MDT established to provide enhanced clinical monitoring included palliative care, respiratory, Allied Health Professionals and Acute Care At Home with daily review and virtual ward rounds
- Staffing support model developed to provide additional staffing to Care Homes – 10 homes supported by 1,451.5 Nursing Hours, 4,402 Support Worker Hours and 242 Domestic Staff Hours
- Infection Prevention and Control assessment and support was provided to all Care Homes in the BHSCT locality
 - Twice weekly education sessions facilitated virtually with Care Homes from 27 March 2020
 - Weekly phone calls with Care Home Managers
 - Weekly calls to families in outbreak homes, in order to allow care home staff to care for residents, offered from 13 April 2020

- Contact with all families with relatives living in care homes - 2,293 carers/ families contacted.
- Increased monitoring of incidents and Adult Safeguarding activity via daily huddles

7. Any correspondence between the Trust, RQIA and the Department of Health relating to any concerns the Trust had with reduction or cessation of inspections by RQIA into care homes during Covid-19.

The Trust attended Covid-19 Social Care Sub Group (Care Homes) meetings three times per week hosted by the HSCB to which key stakeholders including RQIA attended. The Trust raised concerns regarding how RQIA were continuing to monitor Care Homes at this meeting and subsequently the Trust participated in a regional meeting at which the governance and oversight of safe practice in Care Homes, in the context of usual governance mechanisms being temporarily stood down, was discussed.

40/10

Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

a. Questions Submitted

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

i. Mr Stanford Smith

On the 8th September the Northern Ireland health minister announced a public enquiry into the alleged abuses in Muckamore abbey hospital and failure of the Belfast trust to protect those patients.

The minister stated the following in the NI Assembly (Hansard)

“We have now had two reports into events at Muckamore: the serious adverse incident report and, most recently, the 'Review of Leadership and Governance at Muckamore Abbey Hospital'. The recent review of the leadership and governance does not hold back in stating very clearly that the **Belfast Trust failed in its duty of care to those vulnerable adults.**

It highlights that, while the Belfast Trust had appropriate corporate governance and leadership arrangements in place, **it failed to prevent abuse, identify the appropriate level of abuse that had taken place and adequately prevent further abuse from happening.** The report concludes that those failures resulted in harm to patients. A previous

investigation into abuse was a missed opportunity. The trust's focus on Muckamore, insofar as it had one, was on resettlement at the expense of ensuring safe, high-quality care for those who remained in hospital. That should never have been the case.

Even though the trust installed CCTV in the hospital and entered into a contract for its ongoing maintenance, no one seems to have been aware that the cameras were operational. Footage was recorded, stored and even deleted without anyone looking at the images. Indeed, they only viewed this material following the persistence of a parent who was desperate to get to the bottom of what had happened to his son. When the trust finally did look at the images from the CCTV, they revealed thousands of incidents of poor practice and the abuse of the most vulnerable in our society.

The fact that this situation was able to arise is probably indicative of another conclusion of the leadership and governance review. **The report also found that, for years, at the top of the Belfast Trust, there was scant evidence of any corporate curiosity about the facility. It did not feature in the trust's annual reports and was not regularly visited by board members.** Despite being the largest facility of its kind in the region and despite it being widely known that this type of facility carries an inherent risk of abuse given the vulnerability of its patients, it was not in their line of sight. It was, as Members have reported, a place apart from the rest of the trust. When that lack of interest collided with the failure of managers in

Muckamore to escalate issues, a perfect storm was created whereby abuse was able to go unchecked. **I cannot find words to adequately describe the scale of this betrayal of trust, this scandal.**

This is a sad chapter in the history of health and social care services in Northern Ireland, in particular for the Belfast Trust and Muckamore Abbey Hospital. They have failed in their duty to protect those patients.

“Failed in duty of care” “Failed to prevent abuse” “Betrayal of trust” “Failed in their duty to protect those patients”

These words above are a damning indictment of the trust.

- Dear Mr McNaney given you've been Chairman while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Dr Jack given you've held numerous senior positions while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?

- Dear Ms Creaney given you've been director of nursing while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why no?
- Dear Ms Owens given you've been director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Mr Dawson given you've been director while abuse at Muckamore abbey hospital was ongoing should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Ms Edwards given you've been director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Ms Karp given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Mrs McKeagney given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Ms O'Reilly given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Dr Loughran given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Mr Smyth given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?
- Dear Professor Jones given you've been non executive director while abuse was ongoing at Muckamore abbey hospital should you not do the honourable thing and resign given the words of the minister above? And if not why not?

- The health minister during his announcement to the NI Assembly spoke about those at the **top of the Belfast trust** and about visits to Muckamore abbey hospital.

“ The report also found that, for years, at the top of the Belfast Trust, there was scant evidence of any corporate curiosity about the facility. It did not feature in the trust's annual reports and was not regularly visited by board members.”

- Dear Mr McNaney during your time as chairman how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- Dear Dr Jack during your numerous roles within the trust how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- Dear Ms Creaney during your role as director of nursing how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- Dear Ms Owens during your role as director how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- Dear Mr Dawson during your role as director how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- Dear Ms Edwards during your role as director how many times have you visited Muckamore abbey hospital? And how many questions did you raise at board meetings in respect of Muckamore abbey hospital?
- To each of the non executive directors how many times did you visited Muckamore abbey hospital and any questions you raise at board meetings in respect of Muckamore abbey hospital?
- Dear 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?

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?

ii. Mrs Sandra Harris Crowther, Working Together for Learning Disability - Sandra Harris Crowther

Who are we - We are a group of families from across the Belfast Trust, who are caring for or supporting family members with a learning disability. We are also representatives of other families who are accessing LD services, We were members of the Belfast LD Day Services Forum, which was operational from January 2017- June 2018 and engaged in City wide involvement with service users, staff and families in the rebuilding of trust and future planning for day centres post the 2015/2016 Consultation on Day Opportunities.

Due to the successful working of the Day Services Forum, it was the intention to launch the Belfast LD Forum, which would establish family involvement across all parts of the service. Although an initial workshop was held in September 2019, it was the focus on Muckamore that prevented this being progressed further.

Present Situation

- Following nearly 7 months of this pandemic, service users and their families are in a desperate situation and feel completely abandoned by the Belfast Trust.
- There are 168 hours in every week and many families have carried the full burden of care for their family members during this prolonged period. The lack of carer assessments is direct acknowledgement of how these families have been ignored by the Belfast Trust.
- Minimal services have been restored for service users and families have not been made aware of what services will return and when.
- Specific details of the Belfast Trust plans for phase 2, which are due to end now and the details of phase 3 have not been communicated to families.
- There has been no attempt to involve families in the restoration of services and the development of alternative services.
- The continued lockdown of service users in residential & nursing homes with limited or no access by families and the lack of any provision of day-time activities is in serious breach of their human rights.

What we want

- Involvement and partnership working with families in the decision making planning of services for Learning Disability.
 - A communication strategy to provide information to all families with an adult with a learning disability on what is happening now.
 - A transparent and honest overview of the level of services that have been restored and the plans for full restoration. Information shared with families and escalated to Health Minister.
 - Criteria being followed to allocate services to fulfil the 'unmet need'.
 - Explanation of Phase 4 and the implications for people with a learning Disability.
 - An identified Board Member who will be a champion for our Learning Disability community.
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- **Ms Brenda Aaroy, Families Involved NI**

Families of children with learning disabilities have asked what is being worked on to replace the lack of overnight respite/short breaks in Lyndsey House and Willow facilities? These premises are now being used as crisis/long term beds for children whose family placements have broken down.

It is understood that RQIA regulations stipulate that residential homes cannot be used for respite and short breaks facilities.

Are other plans being worked on to provide additional residential facilities?

Is Iveagh at full capacity?

Respite/short breaks are a critical service to ensure families can continue in their caring roles and it would be reassuring for families to know that alternatives are being looked at.

The recent DoH carer assessments report April-June 2020 shows that 10 carer assessments have been carried out for families of children with disabilities in the Belfast Trust. Does the directorate have plans to offer carer assessments to all its families of children with disabilities to capture their need during these exceptional times?

Ms Cairns advised that Mr Smith had submitted a further email requesting a response to his questions by close of play today, 1 October 2020.

Mr McNaney acknowledged it would take sometime to collate the information required and asked that Mr Smith receive a response as quickly as possible and no later than two weeks.

Mr McNaney asked members to reflect on questions and forward information to Ms Cairns.

Members noted the submissions and Mr McNaney asked Ms Cairns, supported by Miss Moffett to co-ordinate a written response to Mr Smith, Mrs Harris Crowthers and Ms Aaroy, copies of which will be shared with Trust Board members.

b. Muckamore Abbey Hospital Leadership and Governance

Mr McNaney advised he had written to the Mr Swann, Minister for Health following the publication of the Muckamore Abbey Hospital (MAH) Leadership and Governance Review. In his letter he had apologised for the Trusts failings in care, acknowledged his accountability as chair of the Trust and provided assurance that issues relating to MAH were regularly reported to the Trust Board. He further advised the Minister that independent advice had been sought on governance from Mrs Margaret Flynn, the author of the Winterbourne Review and from East London Foundation Trust, one of the leading learning disability Trusts in England. The correspondence further stated that MAH was a matter of very significant interest to the Trust Board and that issues at the hospital were very much in its line of sight and regularly scrutinised at Trust Board meetings.

He further reported that he had met the Minister and Mr Sean Holland, Chief Social Worker, DoH on 23 September to discuss the issues in his letter and the Minister indicated he was happy to note the additional actions being taken to ensure that the current services provided on the MAH site were safe and compassionate.

The Minister further indicated that his officials would be making arrangements for the public inquiry into MAH and that he was content that the current Trust Board members should remain in place pending consideration of the findings of the public inquiry when completed.

c. Board Apprentice – Mr Mark McKenna

Mr McNaney welcomed Mr Mark McKenna, Board Apprentice, to his first meeting of Trust Board.

41/20

Chief Executive's Report

a. Covid-19 Update

Dr Jack advised that the Executive Team continued to work hard to ensure that the Trust is agile and effective in responding to the changing COVID situation. There is particular focus on maintaining and reinstating community adult and children's services and supporting the independent sector in caring for our patients. Communication with staff and the public in the midst of changing guidance and in the

context of staff being affected directly and indirectly by COVID has also been a priority. Whilst staff and user safety and quality of care are at the centre of our work, we continue to ensure that governance and oversight are not neglected and that resources are effectively deployed.

Mr Hagan outlined the current position in relation to patients with Covid-19 being cared for and explained the impact on the rebuilding plans as the Trust is now in stage 2 of the Surge Plan.

Professor Bradley welcomed the detailed planning being taken to manage services during the second surge of Covid and commented on the inevitable impact on services given reliance on staff having to focus on compromised Covid patients. Dr Jack advised the Trust would continue to prioritise elective surgery. If and when the Covid situation impacts on hospital sites the Trust will manage surgery in line with NICE guidelines. The situation is being closely monitored. She referred to the Intensive Care National Audit and Research Centre (icnarc) report on Covid-19 in critical care and advised that the Trust ICU outcomes have been exceptionally good – one of the top in the United Kingdom.

Dr Loughran asked if the Trust had arrangements in place to make direct contact with patients if their elective surgery is being cancelled.

Dr Jack advised that the Trust would write or telephone patients if their surgery has to be cancelled.

b. Muckamore Abbey Hospital

Ms Traub advised a further member of staff had been arrested in respect of the PSNI investigation into historic abuse. She advised the Trust had commenced disciplinary processes for a number of staff.

In response to a question from Mr McNaney in relation to engagement with families, Ms Traub advised conversations were ongoing with the Patient and Client Council, Families NI and patients families in relation to the development of a communication and engagement strategy for learning disability services.

Dr Jack advised that the Trust had written to the MAH patient families and staff regarding the commencement of the disciplinary process.

Mr McNaney stressed the importance of the Trust developing effective communication with the families.

c. Neurology Review

Mrs Owens advised the Outcome 2 report has been finalised, DOH have not yet indicated when they will publish the report. She advised the Blood Patch Review had been completed and the report submitted to the Royal College of Physicians for their assessment.

Members noted the position.

d. Annual Report 2019/20

Dr Jack presented the Trust Annual Report for 2019/20, detailing the Trust performance and financial accounts for the period.

Mr McNaney referred to the section detailing “Where services are based” and pointed out that MAH was not included. Mrs Dalzell undertook to have this section amended.

Mr McNaney asked if he could have list of all Trust facilities. Mrs Edwards undertook to forward this information to Mr McNaney.

42/20

Safety and Quality

a. Discharge of Statutory Functions Report 2019/20 incorporating the Corporate Parenting Report October 19 to March 2020

Ms O'Reilly advised the Social Care Committee had reviewed the Statutory Functions Report (DSF) in detail at a meeting on 29 September 2020. There had been detailed presentations in relation to each section of the report by key leaders within health and social care. Overall the SCC had been assured by the comprehensive discussion in relation to social work and social care. However, she acknowledged the need for further work to ensure social care services became more integrated.

Ms O'Reilly pointed out the format of the report had been revised regionally, the SCC felt the report does not adequately focus on assurance, governance or safety, however the Trust review of Social Care Governance should address this.

Ms O'Reilly paid tribute to the service leads who had presented to SCC for the preparation of the report. She expressed the view that they would benefit from further support and training in relation to accountability and assurance.

Mrs McKeagney and Professor Bradley acknowledged the huge amount of work going on within social work and social care and supported Ms O'Reilly's comments. The revised format of the report and presentation to SCC provided more detailed analysis and commentary in relation to the wide range of services. Professor

Bradley highlighted the difficulty of appointing appropriate professional staff in vulnerable areas, with risks having to be managed on a day to day basis.

In response to a question from Mr McNaney, Mrs Diffin advised the HSCB developed the DSF report format for the region.

Mr McNaney reflected on learning from MAH review and the need for the HSCB to further review the format of the DSF report to ensure it captures learning from the Leadership and Governance Report, which had highlighted gaps in the report. Mrs Diffin agreed and also referred to leaning from the report into Dunmurray Manor which also highlighted issues in relation to adult safeguarding, which needs to be captured within the report.

Mrs Diffin further advised that there is an intention to move to develop a more outcomes based accountability focused report in addition to the DSF. The Executive Directors of Social Work have agreed with the HSCB that they will begin to look at this, beginning with the “Signs of Safety” approach rolled out regionally across Children’s Services.

Mrs Diffin gave a detailed presentation highlighting key issues in relation to the DSF and Corporate Parenting (CP) report. She referred to the more streamlined report and agreed with previous comments from Non Executive Directors that hopefully the Social Care Governance Review (SCGR) would allow the Trust to further influence the format of future reports.

She pointed out the Local Adult Safeguarding Panel (LASP) report was no longer required for the DSF reporting, however she would be presenting the Trust LASP to a future SCC and Trust Board.

Members noted the DSF outlined the Trust responsibility in relation to the:

- The Children (NI) Order 1995
- The Adoption (NI) Order 1987
- The Mental Health (NI) Order 1986
- Disabled Persons (NI) Act 1989
- The Chronically Sick and Disabled Persons (NI) Act 1978
- The Carers and Direct Payments (NI) Act 2002
- The HPSS (NI) Order 1972

the Mental Capacity Act would also be included in future reports.

Programmes of Care covered within the DSF report are:

- Older People Service
- Physical and Sensory Disability Service

- Mental Health Service
- Learning Disability Service
- Children's Community Services, incorporating Data 10 Corporate Parenting Report
- Regional Emergency Social Work Services
- Workforce, Learning and Development Data

Mrs Diffin explained her Executive Director of Social Work role to provide leadership of the social work and social care workforce and expert authoritative advice to the Trust Board; accountability for workforce/regulatory standards; ensuring that appropriate arrangements are in place to discharge the DSF, including assessment, management and escalation of risk; ensuring there is an unbroken line of accountability for the DSF through Divisional Social Workers. She explained that work was currently ongoing to progress integrating DSF into the evolving Quality Management System (QMS). She outlined the role and reporting arrangements in respect of the Divisional Social Workers.

Mrs Diffin advised in many DSF areas she was assured the Trust is compliant, with examples of good/innovative practice. However, there are some areas where the Trust is experiencing difficulty in fully discharging its delegated statutory functions, with significant risks to service users and reputational risk for the Trust. She outlined the following areas:

- Unmet need in Domiciliary Care Provision
- Mental Capacity Act, significant legacy cases unlikely to be assessed by 1 December 2020
- Accommodation challenges for Learning Disability service users in community
- Lack of placement options for Looked After Children, including children with a disability
- Unallocated cases in Children's Services and delays in statutory reviews- Family Services /Children with Disability/Personal Advisors/Looked After Children
- Approved Social Worker reports not completed within 5 day timescale
- Adult Safeguarding – weakness in arrangements generally across the Trust
- Widespread and particular workforce vulnerability which exposes vulnerable service users and the Trust to significant risk
- There are social work, social care and nursing shortages, and a need to develop a workforce plan that incorporates new local ideas as well as the longer term regional solutions.
- Approved Social Work and Adult Safeguarding posts are particular areas of concern across the Trust and require a specific workforce plan

Mrs Diffin outlined the following staffing vulnerabilities in detail:

- Significant vacancies in frontline staff
- Significant numbers of AYE staff in Family Support, Looked After Children and ACOPs
- Adult Safeguarding– difficulty in recruiting Designated Adult Protection Officers and Investigating Officers in Mental Health and Learning Disability
- No designated social work team leader posts in Learning Disability other than one post in MAH
- Difficulty in Adult Services in attracting staff to take up Band 7 Team Leader posts as these have additional tasks such as ASW and Designated Adult Protection Officer roles compared to other professionals in same level posts.
- Difficulty in attracting and retaining nurses in CREST Teams
- Approved Social Work role not fully recognised/supported across the Trust, with role being added to day job
- Mental Capacity Act - lack of suitably eligible and qualified Social Workers and Medical staff to do capacity assessments
- Children’s safeguarding- recent loss of significant number of Joint Protocol trained staff

In relation to Corporate Parenting report for the period 1 October 2019 to 31 March 2020, Mrs Diffin highlighted the following:

- 3546 Children in Need within Trust area
- 3371 Children referred for assessment
- 0210 Children awaiting assessment
- 0773 Children in need with a disability
- 0115 Children in need who are young carers
- 0324 Trust Sponsored Day Care Places – 24 of these children have a Disability
- 0023 Children subject to Supervision/Interim Supervision Order
- 0251 Children on Child Protection Register – 4 with learning disability
- 0129 Registrations during period
- 0022 De-registrations during period
- 0866 Looked After Children
- 0029 Looked After Children who had not received at least one statutory visit from their named Social Worker
- 0822 Number of Looked After Reviews
- 0076 Number of Looked After Reviews outside statutory timescale
- 0016 Children deemed to be in an inappropriate placement given assessed needs
- 0104 Children ceased to be Looked After
- 0373 Young People subject to Leaving and After Care Act
- 0472 Foster Carers registered with Trust
- 0025 Carers providing GEM placement
- 0005 Prospective Adopters approved as Foster Carers

Mr McNaney thanked Mrs Diffin for the comprehensive presentation. He acknowledged the number of challenges identified within the DSF some of which require actions by the Trust, and a number of areas which need escalated regionally to be addressed.

Mrs McKeagney commended the social work and social care frontline staff who have worked tirelessly to support children and adults in the community during recent challenges to deliver services to children and adults in need.

Mrs Karp referred to the questions submitted by Mrs Harris Crowthers and Ms Aaroy in relation to Learning Disability. She advised there had been detailed discussion at recent SCC meetings regarding the respite and day care services for people with learning disabilities, which had been stood down due to Covid and the impact this had on service users and their families.

Mr Smyth referred to the complex needs of Looked After Children and emphasised the need to stabilise the workforce to support these children. He noted the current vacancy at senior management level and sought clarification as to when this position would be recruited.

Mrs Diffin advised that the senior manager had recently retired and following a recruitment process unfortunately no one had been appointed. Alternative interim management arrangements have been put in place, overseen by the Co-Director, pending a further recruitment exercise. An additional Looked After Team are being recruited on an interim basis to deal with the increasing number of referrals. However, there continues to be a problem recruiting to these posts given there are not enough Social Workers qualifying regionally. Mrs Diffin provided assurance that the Looked After Team had been established, albeit they have high caseloads. The residential sector is more challenging, there are a high number of children within the children's homes. Regionally the Children's Services Improvement Board (Directors of Children's Services in partnership with HSCB) work collectively to review priorities on a monthly basis. There have been a number of projects piloted through Transformation funding. For example the Doors Project, which arranges activities for children in the homes to support staff and reduce the number of incidents. Unfortunately, due to Covid some of these staff had to be redeployed to work in the residential homes due to sickness. Trauma Informed Practice has been introduced across children's homes and is being rolled out across field teams. This helps staff to understand the behaviours of the children and how to manage situations. This will be taken forward regionally as a new model of care for residential homes.

Mr Smyth commended the work of Mrs Diffin and Ms Traub across social work and social care and the role of the SCC which had oversight of governance and accountability for this important area of work within the Trust.

Mr McNaney commented on vulnerabilities, particularly relating to staffing and emphasised the need for a workforce plan locally and regionally, with particular focus on key posts.

Mrs Diffin advised that regional workstream is currently considering the development of 5 and 10 year plans for Social Work. Within the Trust Mrs Shaw, Deputy Executive Director of Social Work is taking forward a workforce plan with Human Resources.

Mr McNaney highlighted that workforce plan needs to be risk assessed based to identify where the greatest risks lay.

Mrs Kennedy explained that there are not enough nurses or social workers being trained to fill current vacancies. The Trust has established a Workforce Capacity Group, involving HR and directorate representatives, looking at social work, social care, nursing and patient client services, to develop relevant and timely recruitment interventions. In addition the HR Learning and Development Team are continuing to work with the Belfast City Council and Belfast Met to develop an Academy to train and develop staff. There needs to be further engagement regionally regarding the significant workforce challenges which need to be addressed.

Mr McNaney stated the Trust needs to outline clearly the impact staff vacancies are having, how these have been prioritised and local interventions that are being taken.

Mr McNaney referred to the Trust's legal responsibilities in relation to DSF and the impact vacancies are having on its ability to deliver these. He asked that Trust Board receive a report on workforce, to include a risk assessment of the current position. Mrs Kennedy undertook to provide such a report to a future meeting.

Dr Jack referred to the risks highlighted in the DSF and the ongoing Social Care Governance Review, which will require the development of a prioritised action plan, and will be shared with the DoH. A business case will also have to be developed for additional investment. She referred to the workforce issues and stated the Trust will need to be innovative and develop a different staffing model, the Trust will need to discuss this with policy leads in DoH and HSCB. Dr Jack noted the risk is held by the Trust, not the DoH, therefore the Trust needs to be innovative in developing an appropriate workforce.

Mr McNaney emphasised the importance of Trust Board being advised of what action the Trust is taking to address vulnerabilities and challenges identified within the DSF, and those being escalated to HSCB and DoH. He proposed that the Trust liaise with other Trusts to focus on the impact the current workforce challenges are having on services and the need for a regional workforce plan for the future to address these issues.

Mrs Diffin advised she would be meeting with the HSCB regarding the DSF, at which she would be highlighting the Trust's concerns in relation to workforce. She outlined a range of actions being taken to mitigate against the challenges outlined in the DSF.

Mr McNaney asked that on conclusion of the Social Care Governance Review a further update on action being taken in respect of challenges and vulnerabilities be brought to Trust Board.

b. Rural Needs Act (NI) 2016 Annual Monitoring Report

Ms Stoops presented the Rural Needs Act (NI) 2016 Annual Monitoring Report. She explained the report outlined key actions that demonstrate the Trust's commitment to promoting and upholding its duties in relation to the Act Rural Needs Impact Assessment. During the period two policies had been subject to Rural Needs Impact Assessment.

Members approved the report for submission to the Department of Agriculture, Environment and Rural Affairs.

Mr McNaney referred to the Promoting Equality, Good Relations and Human Rights in HSC Guidance for Board Members 2020, which had been circulated to members and commended the document.

c. Flu Vaccination Programme 2020

Mrs Kennedy presented the Flu Vaccination Programme for 2020 and highlighted the 75% target staff to be vaccinated. She drew attention to Key Action Areas to Improve Uptake, which had been taken from best practice in those Trusts across the United Kingdom who had achieved the highest uptake in their flu vaccinations. A team of Peer Vaccinators have been identified across services to ensure accessibility for staff.

Mrs Kennedy advised members wishing to receive the vaccine can do so at a range of facilities across the Trust.

Dr Jack suggested that to support the promotion of the vaccination members record a short video clip to be included in the social media flu campaign. Mrs Dalzell undertook forward details to members.

43/20

Resources

a. Finance Report

Mrs Edwards presented the finance report for the period 31 August, 2020. She referred to the 2020/21 £69m deficit and explained, with the exception of £4m pharmacy savings, the Trust is unable to achieve the full cash release savings target. She emphasised that any financial commitments made in this year, which are not funded will add to the

underlying deficit for 2021/22. In year the financial plan identified an £18m deficit.

Mrs Edwards outlined the financial position in relation to Covid and the assumption that further savings in goods and services and the restart of business is not going to happen as quickly as earlier planned. Therefore she had advised the DoH that the Trust is anticipating a £10/13m deficit this year and will breakeven. The DoH are bidding for £30m for the October monitoring.

Members noted the position.

b. Charitable Trust Fund Application

Mrs Edwards presented a Charitable Trust Funds application to fund a salary for 2 Research Fellows in RBHSC for 3 years. She explained the application had the approval of the Charitable Trust Funds Committee.

Members approved the application.

44/20 Assurance Committee Minutes

Members noted the minutes of the Assurance Committee meeting held on 12 May 2020.

45/20 Any Other Business

No items raised.

46/20 Date of Next Meeting

Members noted the next meeting of Trust Board was scheduled for 3 December 2020.