Minutes of the Trust Board Meeting
held on 2 September 2021 at 11.45 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
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:

Mrs Bernie Owens	Deputy Chief Executive
Mrs Heather Jackson	Interim Director Trauma, Orthopaedics, Rehab, Maternity, Dental ENT, Sexual Health
Mrs Janet Johnson	Interim Director Acute Services
Mrs Moira Kearney	Director Specialist Hospitals and Women's Health and Mental Health (Acting)
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Ms Charlene Stoops	Director Performance, Planning and Informatics
Ms Sarah Christie	Board Apprentice
Miss Marion Moffett	Minute Taker

Apology:

Ms Anne O'Reilly	Non-Executive Director
Ms Gillian Traub	Interim Director Adult and Primary Care
Ms Claire Cairns	Head of Office of Chief Executive
Mr Mark McKenna	Board Apprentice

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

38/21 Questions Submitted by Members of the Public

Mr McNaney read the following questions submitted by Mr Smyth:

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

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

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

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

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

How many vacancies are there at CAMHS at present?

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

39/21 Minutes of Previous Meeting

The minutes of the public Trust Board meeting held on 10 June 2021 were considered and approved.

40/21 Matters Arising

Mr McNaney confirmed that the Trust responded to Mr Roberts and Mr Smyth regarding their submissions to the previous meeting and replies had been shared with members as follows:

a. Questions Submitted by Members of the Public – Mr Robert (Min25/21a)

The Belfast Trust is required to consider any concerns regarding the conduct, health or performance of a doctor employed by the Trust within the framework of Maintaining High Professional Standards (MHPS). This is a Department of Health framework which is part of each doctor's contract with their individual employing Health Trusts. The framework is similar to that used in the NHS in England.

The consideration of the concerns arising from the IHRDNI report was therefore properly conducted by the Trust within the MHPS framework.

The consideration of the concerns arising from the IHRDNI report by the GMC and indeed the PSNI, are separate considerations from those of the Trust as employer. The GMC is the regulator of doctors in the UK and they consider fitness to practice of doctors; in this context a number of doctors referred themselves to the GMC following the publication of the IHRDNI report. The PSNI of course consider any possible criminal concerns. The GMC and PSNI will follow their own procedures, and apply their own tests and standards of proof to the evidence.

Immediately following the publication of the IHRDNI report on 31 January 2018, and in the months following, the Trust did consider the concerns arising from the IHRDNI report regarding a number of doctors employed by the Trust. The first task in accordance with MHPS was to identify the nature of the problem or concern in relation to each individual and to assess the seriousness of the issue on the information available. In the consideration of these concerns, Dr Jack, then Medical Director, sought independent advice both within and outwith the Trust. Dr Jack obtained advice from Dr John Woodhouse and also from the National Clinical Assessment Service. Dr Jack also sought advice from other senior staff at the Trust including from Human Resources (Mrs Jacqui Kennedy, Director of Human Resources and Organisational Development), the Medical Director's Office (Mr Chris Hagan, then Deputy Medical Director and Mr Peter Watson, Senior Manager) and the Service Directorate (Mr Aidan Dawson, Director of Specialist Hospitals, Women and Child Health). Legal advice was also obtained. As a first step, preliminary enquiries were undertaken with decisions made as to whether an informal approach could address the concerns, or whether a formal investigation was needed. The Trust's consideration reached the point where Dr Jack, then Medical Director had determined, based on the information available at that time, that a small number of doctors should be the subject of formal investigation within the framework of MHPS. Concerns in relation to others were closed following the preliminary enquiries with those individuals required to reflect on the issues of concern at their Appraisal.

The Trust is required to ensure that its actions have not, and will not, in any way interfere with or prejudice the PSNI consideration of these matters. Legal advice was sought and obtained which confirmed that the Trust would be unable to progress investigations in relation to those matters which were the subject of police investigation. Once the criminal consideration of the matters is concluded we will then consider any and all information, which is available at that time, and progress individual formal investigations where appropriate. This will include individual investigations which have already been determined should be progressed (but which are on hold pending the PSNI investigation of those individuals) in addition to any other investigations, which might be indicated based on new information which may emerge from any source.

We have a contractual duty of confidentiality in relation to its management of concerns regarding the conduct, health or performance of any doctor. Such requirements arise from the individual contracts of all employees, and are also highlighted specifically within the Maintaining High Professional Standards framework, while of course GDPR and the Data Protection Act 2018 also apply to the processing of personal data.

Some details in relation to the Trust's management of the concerns raised regarding Professor Ian Young, have entered the public domain by way of the Judicial Review proceedings brought by Prof Young against the GMC (to which neither the Trust or Department of Health was party). However, given our legal duty of confidentiality as employer and data controller we are unable to share details of the specific management of concerns regarding Professor Young or indeed any other employee.

We can confirm for the reasons outlined above that there are currently no ongoing investigations at the Trust.

Given that the numbers of doctors involved in these circumstances is small in number, such that they would be potentially identifiable, the Trust is unable to provide further details regarding the exact number of doctors whose investigation is paused pending the outcome of PSNI considerations. For the same reasons, the Trust is unable to confirm that number of doctors whose cases have been closed following the preliminary enquiries.

b. Questions Submitted by Members of the Public – Mr Smyth (Min25/21b)

Questions are for the Chairman of the Board what is the purpose of the public Trust Board meetings?

The advertisements for public trust board MEETINGS repeatedly say "Anyone wishing to address the board on an agenda item" email trust HQ.

Given that, how do members of the public get an item on the agenda for the board to discuss?

The proceedings of meetings of Trust Board are governed by the Trust's Standing Orders and I enclose an extract from them setting out the rules for meetings (pages 11 and 12).You will note that any individual requesting speaking rights on an item on the Agenda needs to provide 7 days' notice and also provide a synopsis of content.

In relation to determining what is on the Agenda this is provided by SO 2.6.5 which states "The Chairman shall work closely with the Chief Executive and shall ensure that key and appropriate issues are discussed by the board in a timely manner with all the necessary information and advice being made available to the board to inform the debate and ultimate resolutions".

A member of the public is entitled to seek information from the Trust by way of freedom of information requests and can also request that the Chief Executive/Chair consider putting an item on the Agenda of a future Board meeting for discussion. This of course will be a matter for the Chair/Chief Executive to determine in line with the Standing Orders and the key issues which require discussion.

Questions for the Board.

Cancer Services

Could the Director of Cancer and Specialist Services update the public on the number of red flag cancer patients waiting on surgery?

As at 1 June 2021 there were 256 red flag cancer patients waiting on surgery.

Also could the director tell us following the last public trust board meeting have any requests for additional resources been turned down by the Board or Chief Executive?

Since the last public Trust Board meeting no requests for additional resources have been formally submitted to the Board or to our Commissioners the Health and Social Care Board.

CAMHS

Question 1

The harrowing story of Gabrielle Connolly who died waiting over six months for counselling, another sorry chapter of failure by this trust.

Gabrielle was not a service user of the CAMHS service as her issue was with drug addiction and not mental health related.

The counselling service she was waiting for was in the community and voluntary sector for young people with drug addiction.

This service is funded by the PHA and the Trust has no influence on the waiting list.

Question 2

Can the Director of Social Work/Children's Community Services tell the public when she first raised waiting list problems at CAMHS with the board and what was the Boards response?

CAMHS does not sit under the Director of Social Work, but under the Trusts Mental Health Services.

CAMHS have been reporting on their waiting lists to the HSCB since 2012 as part of the CAMHS data set.

There are monthly Head of Service meetings to review these waiting lists and agree further investment.

The current waiting lists are as follows:

Trust	Team	Longest wait	Total YP on list
BHSCT	CAMHS PRIMARY BELFAST	9 weeks	79
BHSCT	CAMHS RBHSC CHILD & FAM CLINIC	9 weeks	49
BHSCT / SET	CAMHS DRUG & ALCOHOL MISUSE	3 weeks	1
BHSCT / SET	CAMHS EATING DISORDERS	9 weeks	21
BHSCT / SET	CAMHS YPC OUTPATIENTS	20 weeks	145
SET	CAMHS DOWN & LISBURN	21 weeks	105
SET	CAMHS NORTH DOWN & ARDS	21 weeks	35

Question 3
Can the Director of Social Work/Children's Community Services tell the public why there is nearly 18% job vacancies in CAMHS and why those positions haven't been filled given the death of Gabrielle Connolly?

The 18% vacancy quoted is within the community CAMHS teams, who have a rolling programme of recruitment across all professions.

This is made up off:

- 2 WTE Nurse Specialist
- 4 WTE Clinical psychologist,
- 1 WTE social work
- 0.6 WTE family therapist
- 7.4 Mental Health Practitioners (SW/Nurses/OT)

The total workforce is 89.08 WTE of which 15 WTE are vacant with:

- 10.25wte backfilled bank/agency/overtime
- 6 substantive posts offered and will be taking up post between June and September 2021

Inpatient CAMHS (Beechcroft): 13.0 WTE nurses appointed following a social media/national recruitment campaign: will take up post September 2021. These posts are all currently covered by Agency and Bank staff

A further 31 nursing staff will be interviewed 10/11 June 2021 and 21/22 June 2021 to ensure a waiting list is created going forward

Question 4
And to the Board as a whole during Board meetings what interest and curiosity have you had in relation to the serious waiting lists at CAMHS

CAMHs waiting lists and activity is reported on as part of the Trust's Quality Management System report which is discussed at bi-monthly Trust Board meetings

MCA

On 9 June, 2020, the Department of Health sent correspondence to the Chief Executive, Cathy Jack, expressing concern that attempts by the trust to apply the Mental Capacity Act emergency deprivation of liberty provisions were not legitimate.

The Department of Health's (DoH's) top social worker said there were multiple occasions when BHSCT staff "instructed residential care and/or nursing homes to rely on emergency provisions" on deprivation of liberty despite a three-person trust panel, which is in place to adjudicate on these matters, refusing their applications to do this.

Mr Holland stated that this was done without authorisation, when further applications to utilise these special measures – made by BHSCT staff – were still being processed by the trust panel.

He said: "This is outside the scope of the Mental Capacity Act. Any such deprivations of liberty are unlawful.

Question 1
Have all family members been told their loved ones were held against their will illegally?

No person was held against their will illegally. The question was whether or not Trust Panel Authorisations granted virtually were valid Authorisations.

Although there was a brief period where the validity of 9 Trust Panel Authorisations were in question, this does not mean that patients were held against their will. An authorisation is not a power, but one of the safeguards required under the Act. The Act acts as a protection from liability to Trust employees.

A consultation with a Nominated Person is also a safeguard required under the Act – a Nominated Person has been consulted in each of these 9 cases.

Question 2
Has this matter been referred to the PSNI?

No, as no crime has been committed.

Question 3
On what date did the Trust raise an early with the Department of Health in relation to this matter?

The Department of Health were informed on 11 May 2021, at which stage they were unsure of the validity of a virtual Trust Panel decision. The Department of Health responded on 27 May 2021 advising it was their view that a virtual Authorisation was not valid prior to temporary modifications to the legislation around Deprivation of Liberty (DoL) which came into operation

on 2 April 2020 – section 10(4) of and Schedule 11 to the Coronavirus Act 2020.

Question 4
Who within the Trust ordered or instructed residential care and/or nursing homes to rely on emergency provisions" on deprivation of liberty despite a three-person trust panel being in place to adjudicate on these matters?

This issue was first raised by correspondence from the Department of Health. This provided detailed guidance which was issued to Trust staff by the MCA lead. Ensuring that staff were very clear in terms of when to use the emergency provisions and the requirement for continued compliance with the Mental Capacity Act.

The Emergency Provisions of the Mental Capacity Act (Northern Ireland) 2016 (paragraph 7.17, MCA Code of Practice (2019)) advises that the "safeguards of formal capacity, nominated person and authorisation can be delayed if the risk of harm to *P of waiting, outweighs the risk of harm to *P of carrying out the detention amounting to a (DoL) without the safeguards.

Emergency provisions were used appropriately and three person Trust panels have always been available in BHSCT, although these were carried out remotely.

*(*MCA legislation the term P is used to refer to; the person, patient, service user or resident – so it has interchangeable meanings, depending on the care setting, the second phase of MCA will include special schools and at this point P will also refer to the young people)*

Question 5

On what date did the Chief Executive first become aware of this matter?

The Chief Executive received a letter from Mr Sean Holland. DoH on this matter on the 9 June 2020.

41/21 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Board Apprentice

Mr McNaney welcomed Ms Sarah Christie the new Board Apprentice to her first Trust Board meeting.

c. Minister's Visits

Mr McNaney advised he had written to Minister Swann to invite him to the October Trust Board workshop.

d. Non Executive Director Safety Quality Visits

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

- Ward 9 North, BCH – Mrs Karp
- Audiology Services – Mrs Karp
- Acute Mental Health Inpatient Centre – Professor Bradley
- Children's Ward 2B, MPH – Professor Bradley
- Ward 7D, RVH – Endocrinology and Gastroenterology – Professor Bradley
- Ward 5A, RVH – Mr McNaney

Professor Bradley stated that the areas he had visited whilst very pressurised were being well managed by staff. He noted that staff had outlined areas for improvement, which Executive Team should consider.

Mrs Karp commended the staff in the services she had visited and also asked the Executive Team to consider the areas for improvement within her reports.

Mr McNaney advised during his visit he noted the commitment of the staff to their patients and commended them for managing to keep the ward free from any Covid19 outbreaks.

42/21 Chief Executive Business

a. Emerging Issues

i. DoH HSC Board Member Handbook - A resource to support the delivery of safe and effective care

Dr Jack confirmed the DoH HSC Board Member Handbook had been issued to all Trust Board members.

Mr McNaney advised he had written to the DoH commending the document and recommending that ongoing arrangements were put in place to support development and learning opportunities for Board members.

b. BHSCT Annual Report and Accounts 2020/21

Dr Jack advised the Annual Report and Accounts for 2020/21 had been published and noted that despite the many pressures with Covid-19 the Trust had achieved breakeven.

c. Covid-19 Update

Mrs Owens presented an update report in relation to Covid-19. She advised the Trust continues to be under pressure within hospital and community services.

Members noted 349 staff were absent due to Covid related issues, which was an improving picture from last week decreasing by 17%.

Mrs Owens reported 214,965 vaccines had been administered. She explained mobile clinics were being locating in areas with low uptake to make the vaccine more accessible.

d. Royal Belfast Hospital for Sick Children (RBHSC) Surge Plan

Mrs Owens advised the RBHSC has seen an increase in seasonal respiratory viruses affecting younger children due to the impact of lockdowns. A surge plan has been devised in anticipation that the numbers will escalate. The plan includes how to flex beds to respond to need of critically ill children. This has shown the Trust could flex up a further 4 ICU beds should this prove necessary. The surge plan will be shared with the region.

Professor Bradley referred to recent correspondence from the CMO regarding close contact isolation guidelines of Trust staff and asked what arrangements were in place.

Mrs Owens advised appropriate processes were in place in line with guidance, including risk assessments, and PCR testing on day 2 and day 10.

In response to a further query from Professor Bradley, Mrs Owens advised the guidance had been issued to Trusts only and not the independent sector who may well have a separate guidance notice issued to them.

Dr Loughran asked if the current surge was putting emergency services under pressure.

In relation to Unscheduled Care, Mrs Owens advised there were pressures due to the increased number of in-patients. The Trust has increased bed capacity and has still been able to provide Theatre Services, Emergency Trauma and maintain all the emergency services. However, the Trust has not been able to maintain the same level of elective care due to having to create additional capacity for Critical Care patients.

e. Muckamore Abbey Hospital (MAH) Update

Mrs Kearney provided an update report in respect of MAH.

Mrs Kearney also presented a summary report of the MAH Leadership and Governance Review Report which had been subject to factual accuracy checking. The report detailed feedback received from some current and former staff.

Mr McNaney thanked Ms Traub for the compelling report. He noted the Trust continue to work with colleagues in DoH, HSCG and RQIA to address the issues in MAH

Members noted the report.

f. Neurology Review

Mrs Owens presented an update report in respect of the Neurology Review. At the start of April 2021 a further recall of Neurology patients was announced, this included patients discharged from 1996-March 2012. This involved 90 patients in Cohort 1 and 336 patients in Cohort 2.

The Royal College of Physicians has completed their final report of the Quality Assurance Report and Clinical Blood Patch Review. The report indicates a high level of concordance between the judgements reached by the Review Team on the 22 cases and the judgements reached by the Belfast reviewer. Across the 22 cases, there was full concordance between the review teams overall rating on the quality of care and the rating reached by the Belfast reviewer in 73% of cases. Where the rating decided upon the Belfast reviewer differed from that reached by the review team, generally the Belfast reviewer had graded cases more critically than the review team.
The overriding conclusion from the review is that the desktop review of cases undertaken within the Trust was robust and effective. The report states 'the Trust can be assured that its process of structured judgement review stands up to external scrutiny'.

Mrs Owens advised the report makes a number of recommendations to the Trust. These relate to sharing the report's findings and informing patients of the review outcome. Some of the recommendations have the potential to identify the individual. Other recommendations focus upon the future provision of EBP for SIH. The review team recommended that the Trust should continue to use the structured judgement form to review other cases, as necessary.

Professor Bradley commented this was a comprehensive report from an external agency, and provided assurance that the Trust's process of structured judgement review stands up to external scrutiny. He thanked all staff involved in this work.

Mr McNaney sought assurance that the recommendations were being actioned.

Mrs Owens confirmed an action plan was been developed to take forward the recommendations. She further advised the protocol for referral for blood patching is being reviewed to ensure it is fit for purpose.

Mrs McKeagney sought an update in respect of a query that patients were being referred from a private to public lists.

Mrs Edwards advised that this was subject to an audit review. She explained doctors are permitted to transfer patients from the private sector to the Trust on some occasions as this is necessary due to them commencing on specialist drugs that are not available in the private sector. A private patient

guidance contract is given to all Consultants for their agreement and signature.

43/21 Safety and Quality

a. Quality Management/Performance report

Ms Stoops presented the Quality Management System Report (QMS) which provided an overview of the Trust's current position against each of six quality parameters. It also provided an update against the Phase 6 Delivery Plan as at the end of July and an update against the Commissioning Plan Direction targets. She explained The QMS Framework summarised the reporting arrangements around the QMS at each level in the Trust for assurance and accountability purposes.

Members noted the Covid-19 update as at 20 August was very different from previous report. Since July there has been a significant growth in numbers and by 26 July there were 100 patients with Covid in hospital wards. This has continued to increase with currently 144 inpatients, which is a similar level to where we were in mid-October last year.

Ms Stoops highlighted significant pressures in ICU in recent weeks, currently there are 15 Covid patients in ICU as well as 19 patients on CPAP and 6 on Airvo in wards. Similar to previous surges there has been an impact on care homes with 33 having had confirmed outbreak at the time of the report being prepared, this has now reduced slightly to 28. Over 209,000 vaccines have been delivered.

Members noted at the end of July 2,789 inpatients had been treated due to Covid with 226 admissions to Critical Care. Of these 86% had been discharged. In addition to this the Trust had continued to provide support in the community which had presented significant workforce challenges.

Ms Stoops advised in assessing the impact of Covid on services there has been growing waiting lists for IP/DC and Outpatients. There are now 49,397 patients waiting on IP/DC with 60% waiting over 52 weeks. This is an overall increase of almost 22% since the end of December 2019. Similarly there has been an increase of 4,340 patients being added to the OP waiting list since the end of December and 50% waiting over 52 weeks.

In the community there has been a slight improvement in waiting lists for psychiatry of old age and learning disability but a growth in the numbers waiting for a MH or CAMHs appointment compared to the end of December. Of most concern is the increasing length of wait with 276 patients waiting over 9 weeks for a MH appointment and 201 patients waiting over 9 weeks for a CAMHs appointment. There are growing waiting lists across our Allied Health Professions with s slight improvement in OT and podiatry since the April report.

In relation to the Delivery Plan, good progress has been made across many service areas and a summary of all areas has been included in the appendix of the report. There continues to be particular challenges in delivering elective care activity considering the impact of our current covid surge which requires theatre nursing staff to be redeployed to support ICU.

The performance against the Classic Safety Thermometer Indicators continues to be within the control limits. The Trust morality rate after elective surgery is 0.18% in line with a peer figure of 0.18% and in relation to emergency surgery the rate is 1.29% against a peer figure of 1.68%. The Trust's crude mortality rates compare favourably against peer hospitals with a mortality rate of 3.0% against the peer figure of 4.0% for the 12 month period up to April 2021.

Ms Stoops explained an assessment of readmissions within 28 days had been added to the QMS as a useful indicator of healthcare quality. The Trusts readmission rate for the period January to December 2020 was 8.0% against a peer figure of 9.4% as at the end of April 21.

Over the past year there has been a focus on Clinical Coding with the Trust now achieving 98% within 3 months of discharge. There is now focus on the depth and accuracy of clinical coding and there have been improvements in this with 2 of 8 areas falling below peer average and further work in this area is planned.

The Trust has continued to perform well against Healthcare Associated Infection targets during the pandemic, however we have recently seen a higher number of C Difficile and MRSA cases compared to the same period last year.

In relation to patient experience 99% of 528 patients surveyed in July 2021 were extremely likely or likely to recommend the ward they were in to their family and friends. There has also been more engagement through regional Care Opinion with 213 stories reported to date and with 317 staff having responded by July 21 with very positive feedback alongside some areas for improvement. The outcome of real time patient feedback in MAH indicates there was an overall 91% satisfaction rate and in Domiciliary Care with 97% overall satisfaction. This provides excellent information to identify areas of focus for improvement.

In relation to effectiveness and timeliness, overall there has been much more activity due to the pandemic which has meant a reduction in elective inpatients/daycase and diagnostic activity. Overall length of stay (LOS) has increased with a reduction in LOS associated with elective inpatients. A summary of the Elective Care Framework Action Plan is included in the report to help planning going forward.

Ms Stoops highlighted following an initial drop in red flag referrals in April 2020 there has been a steady increase and in July there were 1,795 red flag referrals compared to 1,464 in the same month last year. The Trust has

continued to achieve 100% against the 14 day cancer target and 90% against the 31 day target. In July, 44% of patients were treated within the 62 day target. Whilst there have been some improvements in levels of diagnostic activity it continues to be extremely challenging to meet the CPD targets around timeliness of reporting and length of wait for patients to be seen.

There is a significant increase in the numbers waiting longer than 13 weeks for AHP treatment. There was almost a doubling of numbers waiting over 13 weeks between April and July 2020.

Ms Stoops explained within Unscheduled Care the Trust reviews activity in the Beechhall Covid Centre alongside GPOOH and Emergency Departments. There has been a fall in activity associated with the Covid Centre and GPOOH in recent weeks but with increased pressure on EDs. Attendances peaked in May at 1,427 which was a 172% increase on the same week in 2020.

The ED performance is suffering as a result of increased demands with performance against the 4 hour target being 50% in July 2021 which is the lowest since April 2018. Similarly the last 2 months has seen the highest number of patients waiting in excess of 12 hours.

Outpatient referrals have increased since the low of April 2020. Approximately, 10-11,000 consultant led outpatients appointments are being delivered every week, a third virtually. Overall outpatient activity indicated that performance at end of July is back in line with pre-pandemic activity.

In relation to Hip Fracture there was a 64% performance in June 2021, falling from an average of 94% during 2020/21.

In MAH there are 44 patients in residence of which 5 are on trial resettlement and there is a very detailed sitrep report developed to ensure a continued focus on performance in MAH, including reporting on adult safeguarding. The use of physical intervention has reduced.

There has continued to be daily focus on patient flow and close monitoring of any discharge issues. The Direct Payments target has been achieved.

Ms Stoops advised the number of children referred to Social Services has been higher on average in 20/21 than in the previous year although there has been a reduction in recent weeks. Referrals onto the Child Protection Register are at their lowest since March but there is still a 15% increase in the number of children on the register compared to this time last year and there continues to be a rise in the number of Looked After Children.

In regards to efficiency, the sickness and absenteeism figures have been higher due to Covid. In relation to statutory mandatory training there has been an increase in compliance against 6 of the 10 core areas since March 21. However, there continues to be less than 50% compliance in 4 of the core

areas. QMS reporting over recent months has provided an added focus on mandatory training through Directorate Team Meetings.

Members were advised the month 4 finance position indicates a £18.5m deficit and the forecast for the year is a deficit of £52m in line with the Trust's draft financial plan. Agency spend is 3% higher compared to the same period last year with significant increases in nursing, admin and social services.

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

Ms Stoops advised the Trust continues to equality screen any service changes and this is reported on through the annual Equality Report.

In concluding her presentation Ms Stoops advised of the 35 targets set regionally there are 21 rated red which will be a challenge to achieve by year end. Seven are amber and 3 green, the remaining 4 relate to funding or resettlement issues outside the control of the Trust.

Dr Loughran thanked Ms Stoops for the detailed report and noted waiting lists continue to be a challenge and expressed concern at the continuing impact of Covid-19 on patients and staff.

Professor Bradley commended the QMS report, which provided a clear line of sight across all service areas within the Trust. He acknowledged the good progress with safety thermometers. He noted the readmissions rates were very good.

Mr McNaney expressed concern at the significant numbers on the waiting lists and the need for a regional approach to begin to address these issues.

Mrs McKeagney, also endorsed the QMS report and commented on the need to commend staff for the good outcomes, particularly in relation to re-admission and mortality rates

Dr Jack referred to a programme of Safetember events which would reflect on the past 18 months and acknowledge staffs commitment to delivering services.

Dr Jack thanked Ms Stoops and her team, for compiling the QMS data. She stated the Trust needs to recognise that mortality rates reflect the safety of the hospitals. In crude mortality BHSCT has less deaths than expected and in the standardised mortality index is actually all well within the statistics process controls. The Trust Patient experience at 91% is one of the highest performing Trust in the UK despite the challenges in staffing, unscheduled, elective and Covid pressures. She explained the process behind the patient experience, independent assessors visit the wards to speak to the patients and hear their views of the experience they are having, some wards are

scoring 99%/100% in the surveys being completed and the community will be the next rollout of the process.

Mrs Karp asked what the Trust was doing differently in ICU with good patient outcomes.

Mr Hagan advised the mortality rate in ICU is above 80% one of the best in the world, which means if you are treated for Covid in the Belfast Trust Covid you are more likely to recover and return home. He explained this is due to research, international learning, and patients being registered in trials and staff being proactive in new treatment to care for patients. He stated this is a significant recognition to all the staff, some of whom historically have never worked in ICU, and to those staff who are supervising.

Dr Jack advised the Trust had to take a very difficult decision to consolidate the ICU on the BCH site, which had allowed the Trust to do major transplant surgeries requiring post OP recovery. Between the end of April to the 12 August 2021 the Trust preformed 31 transplant procedures in the BCH.

Dr Jack advised that a Surge 4 Covid plan the Trust has been agreed with the HSCB and the Minister has made it clear the BCH should be protected as a green site. The Trust has 4 ICU beds that are protected, however the Trust is struggling given the pressures across the region.

Dr Jack acknowledged Waiting lists are a major concern, Ms Stoops is leading on a modernisation project for the Trust. Also the Trust needs to protect Time Critical Care and specialist services such as Neuro, Vascular, Gynae and Upper GI, and consider what can be carried out elsewhere.

Dr Jack wished to pay credit all our staff, and stated her great appreciation for their dedication and skills.

b. Annual Progress Report to the Equality Commission for NI 2020/21

Ms Stoops presented The Trust's Annual Progress Report for 2020/21 year which outlines how the Trust has complied with its statutory responsibilities under Section 75 of the NI Act 1998 and the Disability Discrimination Order. The purpose of the report is to provide assurance to Trust Board on how the Trust has fulfilled its legislative duties and to seek approval for submission of the report to the Equality Commission. She explained the report had been compiled in the Equality Commission's prescribed template.

Mrs McKeagney noted the very detailed report. She asked if there was any data linking Covid and deprivation and asked who decided the location of the mobile vaccination clinics. Mrs Owens advised the Public Health Agency monitor the uptake of the vaccines in these areas.

Professor Bradley noted the report focus on staff and advised that during his Safety and Quality visits staff had stated they appreciated the Trust child care support during the pandemic, which enabled them to continuing working.

Mrs Karp asked regarding equality, children in foster care, their health needs, is the Trust prioritising the health needs of children in foster care in regard to waiting lists for treatment?

Mrs Diffin advised there is a looked after children's nurse assigned to those children in Foster Care and residential care who looks after the needs of these children, including referral to other services for treatment.

Dr Jack commended the Equality Team, supported by HR, for their high standard of work and reporting.

Trust Board approved the Annual Progress Report for submission to the Equality Commission.

44/21 Resources

a. Finance Report

Mrs Edwards presented the finance report for the period ending July 2021. She advised the Trust continues to be in severe financial difficulties, the main concern being the requirement of additional in-year monies to achieve the statutory duty to breakeven at year end. She explained the Trust had achieved breakeven over the last few years as a result of significant non recurrent funding and in-year investment slippage. There is an underlying deficit this year of circa £70 million, which has accumulated over recent years due to undelivered savings and unfunded inescapable cost pressures. COVID has added to the financial pressures this year. The Trust continues to liaise with the HSCB and DoH regarding both in-year and recurrent pressures.

Mrs Edwards also referenced the ongoing financial issue in terms of agency spend, due in part to rising vacancies and sickness. A range of initiatives are being undertaken to reduce agency spend including the recruitment of additional international nurses.

Members noted that additional capital investment has been provided this year specifically for estates backlog maintenance which is considerable. Mrs Edwards pointed that that some monies had to be used for accommodation to meet social distancing requirements during COVID.

Members noted the financial position.

b. Property Disposal Proposal

Mrs Edwards presented a proposal to dispose of the following two properties, previously declared surplus to requirements:

1. Annesley Street, Belfast
2. Milltown Road, Belfast

Members approved the proposal.

c. Outline Business Case for Replacement of the Managed Equipment Service (MES) for Imaging, Cardiac Cath, Theatres and Critical Care

Mrs Edwards presented a summary report of the Outline Business Case for the replacement of the MES for Imaging, Cardiac Cath, Theatres and Critical Care which is currently being developed.

Members approved the submission, noting that the Outline Business Case would be shared for final approval at the next Trust Board.

d. Modernisation of School of Dentistry

Mrs Edwards presented a summary report in respect of the Business Case in for the modernisation of the School of Dentistry facilities in response to Covid-19.

Members approved the Business Case.

e. Works to CL3 Laboratory on Belfast City Hospital Site.

Mrs Edward presented a briefing in respect of a Business case for works to CL3 Laboratory, BCH.

Members approved the Business Case.

f. Revenue Business Cases

Mrs Edward explained that revenue business cases over the value of £1m required the approval of Trust Board. She presented details in respect of the following for consideration -

- Diabetic Foot Protection, Enhanced Foot Protection and MDFT
- Belfast Trust Estates Related Work
- West Belfast MDT Service
- FIT Testing for PPE
- Intensive Care Medical Workforce RICU
- Regional Virology Lab Extended Day
- Path Finder for the Provision of Healthcare in Custody in NI

Members approved the revenue business cases.

g. Charitable Trust Fund Application – Diagnostic and AHP Fund B01

Mrs Edwards sought approval for a Charitable Trust Fund Application in respect of Diagnostics and AHP Fund B01, to fund the shortfall to upgrade the Gamma Camera and X-ray in RBHSC. She explained the application had been approved by the Charitable Trust Fund Committee.

Members approved the CTF application.

45/21 Assurance Committee Minutes

Members noted the minutes of the Assurance Committee held on 11 May 2021.

46/21 Any Other Business

No items raised.

47/21 Date of Next Meeting

Members note the next meeting was scheduled for 4 November 2021.