

SENIOR LEADERSHIP GROUP

Date : Wednesday 29th June 2022

Present:

Cathy Jack (Chair)	Moira Kearney	Patricia McKinney
Brian Armstrong	Brenda Kelly	Bernie McQuillan
Steven Austin	Jacqui Kennedy	Roisin McSwiggan
Pam Boreland	Tracey Kennedy	Marion Mullholland
Stephen Boyd	Denise Killough	Bryan Nelson
Paula Cahalan	Caroline Leonard	Mary O'Brien
Alastair Campbell	Clodagh Loughrey	Olga O'Neill
Darren Campbell	Julia Lewis	Adrienne Martin-Poots
Tara Clinton	Clare Lundy	Bernie Owens
Fiona Cotter	Natalie Magee	Tracey Reid
Clare Corry	Ruth Mark	Ruth Robb
Jena Crawford	Clifford Mayes	Paula Scullin
Brenda Creaney	Sarah Meekin	Catherine Shannon
Mark Cross	Alan Metcalfe	Brona Shaw
Bronagh Dalzell	Fiona Moody	Jonathan Simms
Carol Diffin	Julie Mulligan	Peter Sloan
Joanne Dougherty	Liz McAlea	Samantha Sloan
Maureen Edwards	Eimear McCusker	Charlene Stoops
Eoghan Ferrie	Gavin McAlinden	Jennifer Thompson
Patricia Ferguson	Brian McCloskey	Orla Tierney
Paula Forrest	Brendan McConaghy	Nuala Toner
George Gardiner	Elaine McConnell	Seamus Trainor
Chris Hagan	Neill McDougall	Gillian Traub
Alan Hounsell	Yvonne McHugh	Peter Watson
Billie Hughes	Eileen McKay	Kerrylee Weatherall
Heather Jackson	Edel McKenna	Christine Wilkinson
Janet Johnson	Paul Woods	Debbie Wightman
		Eileen Woods

In Attendance:

[REDACTED]	Lisa Darrah	Carmel O'Hare
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Apologies:

Geraldine Byers	Colin McMullan	
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MINUTES	ACTION
<p><u>Chairman's Business</u></p> <p>Dr Jack apologised in advance that she and other Directors would have to leave the meeting at 12.30pm to attend another meeting.</p>	
<p><u>Independent Neurology Inquiry</u></p> <p>Mr Hagan advised that it had been a very difficult week for the Trust and the individuals involved with the publication of the Inquiry. The Neurology team were very appreciative of the support received last week. However, what was published was not the intended report and part of it has been withdrawn. They also appended the incorrect RCP report. The Trust continues to engage with the Inquiry around this. There are other areas of concern within the report and this will be highlighted to the Inquiry.</p> <p>Mr Hagan's team has started to work through the report and concerns have been identified with individuals. Risk and Governance team will produce a gap analysis in terms of the recommendations. He emphasised that all staff are to be reminded of their duty to escalate any concerns they may have without feeling fearful about doing so and to create a just and fair culture for all.</p> <p>Dr Jack advised that the different versions of the report has been challenging and she will read the report in full and discuss with her RO. Given the size of the report this may take a few weeks. There may be other errors in the report and it is important that the final version is the correct version. The Chairman of the Panel has apologised for the inaccuracies in the report and the different versions and he will ensure that everyone who received a hard copy will receive an up-to-date copy. He will clarify this on the website in due course. He also personally acknowledged that the public discourse had not yet captured the changes that Belfast Trust has already put in place to strengthen professional governance.</p> <p>With regard to a just and open culture, Paula Cahalan advised that there was a conversation yesterday at a meeting with colleagues in DoH around the recommendations arising from the Hyponatremia Inquiry. There was a lot of focus on the just and open culture and she felt that there will be renewed energy around this. It is anticipated that the Minister will make a statement about the next phase of the IHRD work, which may include the continuing development of the just and open culture. DoH colleagues will attend Trust Board in September to provide an update on this.</p> <p>In response to Dr Jack, Ms Cahalan advised that it was her understanding that the Minister may not give an official position on the plans regarding the Duty of Candour in his statement but rather indicate that the first phase of this was the focus of a just and open culture. Dr Jack felt this would be most welcome and that there is similar learning in MAH where staff may not have been involved in incidents but may have seen something and didn't necessarily escalate and report it. We need to be very mindful of this in promoting a just and open culture and she reiterated the importance of staff escalating something they feel uncertain about.</p>	

Surgical Reform

Dr Jack advised that the Minister would announce tomorrow the Mater Hospital will become an elective overnight surgery centre providing intermediate complex surgeries to the adult population.

She advised that there has been continuing engagement with the Mater Trustees, staff and trade unions and it had been agreed that this would be the best direction of travel for the Mater Hospital without any change to the Emergency Department.

Dr B Armstrong would welcome this announcement. He felt that all parties involved have a shared vision of where we are moving forward to and Covid has emphasised the increasing expertise of respiratory medicine on the Mater site. He felt that there are great opportunities to enhance respiratory services on the site such as day case elective surgery and short stay surgery.

Mr Hagan thought this was very exciting news as he feels it preserves and protects the future of the Mater because it is bringing in a population that haven't been able to get access to surgery.

Dr Jack clarified that Belfast Trust is one of four Trusts bidding for the Radiology Training Academy and we have a site visit on 25th July. We would like to strengthen the education of the history of the Mater by bringing in the Radiology Academy and a simulation suite, however consultation will need to run following this direction of travel and Ms Stoops and her team are engaging in this.

Mrs Johnson agreed that this is a great opportunity for the Trust to have an intermediate surgical centre where patients can have 2 nights stay and have their surgery safely.

Ms Johnston confirmed that we have capacity in Lagan Valley for the non GI lists for procedure in veins.

Covid Update

We currently have 113 cases of Covid, 61 of these are on RVH site. Three patients are in ICU. The view is however that it is not the definition of an outbreak and we are awaiting new guidance.

Ms B Creaney advised that a service wide Covid outbreak meeting was called on the RVH site yesterday because of concerns of increasing numbers day on day, the impact on our ability to move patients and the impact on staff. Outbreak measures were taken for consideration to ensure all mitigations such as mask wearing, spacing, hand hygiene etc were reinforced at local level. Further measures were also considered such as restricted visiting in RVH only, additional staff and testing, forwarding an early alert to DoH and alerting the region on discharge delays.

An additional meeting took place at 4.30pm yesterday and PHA colleagues attended. The meeting and outcome was a change of direction for everyone and the advice from PHA was to consider not only the numbers,

but the morbidity and the impact around Covid cases and they felt that the suggested additional measures we were considering were not required.

Our concerns were raised with DoH and as a consequence we did not put in any further additional testing nor restrict visiting. Ms Creaney felt that we need to be mindful that we are required to risk assess and patient placing, cohorting and effective isolation are factors that we need to consider in the management of this. There are 12 beds closed in RVH and this has an impact on our ability to admit patients in a timely fashion from ED.

There is revised Care Home guidance where care homes are being asked to consider people earlier in their Covid journey. This is not being accepted across the care home sector so we still have a large number of patients who are medically fit for discharge but are unable to place for different reasons, one of which is Covid exposure.

As previously mentioned this has been escalated to the DoH and PHA. The Trust have asked the PHA for very clear public messaging in light of this. We hope to receive revised guidance by the end of this week. We have also verbally withdrawn the early alert to the DoH.

The testing of patients on day 5 is also being considered, particularly if patients are asymptomatic.

Dr Jack had raised the issue of testing staff on day 5 at the meeting yesterday with PHA. She informed the group that staff on level 7 RVH, came forward to be voluntary tested which was very positive. All staff that were tested came back negative. Dr Jack advised that Drs Brid Farrell, David Cromie and Prof Ian Young had met earlier today about the rising incidents and they are considering whether or not Day 5 testing should be ceased in the hospitals. Guidance will be out by Friday and Day 5 testing will be considered as part of this as well as guidance for care homes.

Ms Creaney asked that all staff try to manage the risks and put appropriate mitigations in place. The majority of staff are compliant and willing to be tested and it is important that we make every effort to keep our patients as safe as possible. The Infection Prevention Control team are there to support all staff.

Dr Jack and Ms Creaney left the meeting

Real Time Patient Experience

Yvonne McHugh and Rebecca Burns presented on the real time patient feedback programme. Lisa Darrah presented on her experience of the programme within Maternity and Carmel O'Hare presented on Beechcroft.

Ms McHugh explained that seeking real time patient feedback is one of the priorities for the Trust and to date the programme is operational within 80 areas Trust wide. One of the key benefits of the programme is that objective independent feedback is shared with wards in a timely manner. 6,741 patients were surveyed in 2021/22 as part of this programme and there is a team of 12 Patient Experience Officers at the moment. Feedback has been very positive from both patients and staff.

Surveys have been adapted to meet specific needs of the services and Ms Rebecca Burns went through in detail how she and her team have adapted these surveys and the range of areas that are covered and those areas waiting to come on board. MAH, ED Depts, Maternity OP and Domiciliary Care are just some of the more specialist areas that they have been able to bring on board and adapt the questionnaire to suit the needs of the patients in these areas.

Ms Burns give an overview of the 80 areas that they currently visit and areas for future roll out which is very encouraging when areas are approached with interest to come on board to be part of the programme. The next priority area will be the Children's Hospital and she hopes to bring them on board in September.

She mentioned the different domains on the feedback report that they measure against and noted that Noise at Night scored just below 9.5. There has been significant work however over the last 1-1½ years with Central Nursing colleagues to reduce noise at night with dimming lights, reducing ringers on phones and soft close bins etc.

Ms Burns mentioned a question on the survey that asks patients if they would be likely or extremely likely to recommend the treatment and care they've received to friends and family. From March to May of this year, 1895 patients (98.8%) would be likely or extremely likely to recommend.

Lisa Darragh, Lead Midwife explained that the survey in Maternity Outpatients started in December of last year. She advised that they changed the survey slightly to meet the needs of that particular service and to make sure they were getting the information that they wanted. She advised on how they used that information and that there were significant improvements in many domains. Some improvements have been HCAI Walkarounds, patient feedback displayed, staff and medical staff feedback and safety improvements.

Carmel O'Hare reported on Beechcroft Care Home patient experience, just recently launched in April 2022. Some of the issues were noise at night and communication with the young people. However since the Patient Experience team have come on board great improvements have been made with regular house meetings and follow up meetings between the young people and staff, and feedback from the young people is much more positive. They now have a traffic light monitoring system in place to reduce noise at night. A good robust process is now in place.

Ms McHugh thanked Rebecca, Lisa and Carmel for their participation and presentation today.

In response to Ms Owens query, Ms McHugh explained that patient experience feedback would be completed fortnightly in new areas however in the already established areas will receive a report once a month. This will allow the team to release some capacity to take new areas on board.

Ms Owens is delighted to see actions coming out from the improvements being made from the feedback.

Ms B Kelly noted that her team are keen to further roll out within RJMS for day obstetrics and it has been very valuable in their service to date.

Ms Owens thanked the team for an interesting presentation and felt it was great to see the patient experience feedback contributing to such great improvements, which highlights the power of feedback from patients.

Ms Owens concluded the meeting.