Minutes of the Trust Board Meeting
held on 10 June 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
Ms Anne O'Reilly	Non-Executive Director
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 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 Gillian Traub	Interim Director Adult and Primary Care
Miss Marion Moffett	Minute Taker

Apology:

Miss Brenda Creaney	Director Nursing and User Experience
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.

25/21 Questions Submitted by Members of the Public

Mr McNaney read the following submission by Mr Roberts and Mr Smyth

Mr Roberts

I refer to the Trust Board agenda for meeting dated 10 June 2021. On 11 March 2021 in a letter to the Trust Chief Executive, Dr Jack, I made a request to include the Hyponatraemia Related Deaths Inquiry in the Trust Board meeting agenda for meeting dated 1 April 2021. As you are aware the item was not scheduled for the April meeting.

I repeated my request in a letter to Dr Jack dated 5 May 2021 for the next Trust Board meeting dated 10 June 2021. Dr Jack's response in a letter dated 27 May 2021 was that 'the agenda for Trust Board is a matter primarily for the Trust Chairman' and my request has been passed on to the Chairman.

I note the recently published Trust Board agenda for meeting dated 10 June 2021 has again failed to schedule Hyponatraemia Related Deaths as an item.

I therefore request the agenda is amended within item 5.1, Emerging Issues, to include Hyponatraemia Related Deaths. It is a public interest matter that the Trust Board meeting discusses and minutes progress in areas such as the ongoing public consultation on a Statutory Duty of Candour and Trust investigations under MHPS.

This should include details of the number of doctors currently under investigation by the Trust, the number of doctors whose investigation is pending the outcome of current GMC and/or PSNI investigations and the number of doctors whose cases have been investigated and closed by the Trust. As you are aware a similar process exists for Muckamore Abbey Hospital.

Mr Stanford Smyth

These 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?

These questions are for the board.

Could the Director of Cancer and Specialist Services update the public on the number of 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 been turned by the board or chief executive?

Children's and Adolescent Mental Health Services (CAMHS).

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

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?

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?

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

On June 9, 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.

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

Has this matter been referred to the PSNI?

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

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?

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

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.

26/21 Minutes of Previous Meeting

The minutes of the public Trust Board meeting held on 1 April 2021 were considered and approved.

27/21 Matters Arising

a. Questions Submitted by Members of the Public – Neurology Recall Patient Support Group (Min10/21a)

Mr McNaney confirmed that the Trust response to the Neurology Recall Patient Support Group questions, tabled at the previous meeting had been shared with members as follows:

Question 1.

This Neurology Recall Patient Support Group requests the Trust to formally agree with the Minister and the CMO and officially recognise that harm was done to patients and admit this to the Recall Patients.

Belfast Trust has apologised to all neurology patients and their families who were recalled, and would wish to repeat that apology. We sincerely regret all the hurt and pain that has been caused to former patients of Dr Watt. We recognise that patients have been harmed and for that, we are truly sorry.

We recognised that the recalls were going to cause patients great anxiety and in other cases distress, and as a consequence we put psychological support services in place to support patients, families, and carers.

Question 2.

This Neurology Recall Patient Support Group requests the Trust to set in motion a recognised plan to support Neurology Recall patients emotionally, psychologically and physically after a wait of almost three years since the Recall.

Psychology Services have provided and continue to provide psychological support to patients who have been referred to the service.

Additional staff were recruited to assist with the provision of psychological support to patients who were recalled. The Neurology Advice Line has remained open and accessible since 2018 to any patient in need to support. We note your Group believe these services are inadequate and we are happy to engage with your Group to hear your specific concerns and seek to learn from patient's experiences.

Question 3.

This Neurology Recall Patient Support Group requests the Trust to meet with representatives of this Group to ensure that methods of communication are established and adhered to, so that patients are not left in a position of depending on the local press for key information affecting their neurological and general well-being.

We understand the great anxiety this process has caused many people. At every turn we have tried to ensure that those impacted have heard from the Trust directly. Every patient recalled has been told privately and in real-time if any aspect of their care, treatment or diagnosis has changed.

The Trust looks forward to engaging with your Group and patients generally to be informed by their experiences and try to better meet your information needs.

The Chief Executive has agreed to meet with representatives of the Neurology Recall Patient Support Group, facilitated by a local MLA. It is important to note the circumstances which led to the neurology recall are currently being investigated by the public Neurology Inquiry and in the context of this, the Trust is limited in any response.

Every patient recalled has been told privately and in real-time if any aspect of their care, treatment or diagnosis has changed. Separately, Belfast Trust is committed to keeping patients informed when information is requested. It would be a huge challenge to continually write to patients updating them with any general changes and it should be recognised that some patients do not want any additional information. For this reason the Trust responds directly to patients when they request information.

It should be recognised that Belfast Trust works in a wider system and we take direction from the Department of Health (DoH) on a number of matters. On these system-wide issues it is appropriate that the Minster or the DoH lead the communication and not the Trust.

As an employer, we are bound by employment law and the legislation around confidentiality.

Question 4.

This Neurology Recall Patient Support Group requests the Trust to ensure that, in keeping with the commitments of the Minister and the CMO, Recall Patients are not further traumatised by a protracted legal process and that outstanding legal issues be expedited without further delay.

The Belfast Trust is not leading on the redress scheme and we have shared your paper with the DoH who would be best placed to answer this.

However, the Belfast Trust continues to expedite requests to patients and their legal representatives who have requested a copy of individual medical records.

In terms of legal claims made against the Trust these are being handled by the Directorate of Legal Services office, who have been informed by the Trust of the circumstances of the call back and the need to act in a compassionate manner when dealing with the claims.

Question 5

This Neurology Recall Patient Support Group requests that the Trust undertakes to fulfil its duty of candour, openness and honesty as outlined in the Trust Values which state *"we are open and honest with each other and act with integrity and sincerity".* This has been demonstrably lacking in the case of Neurology Recall Patients and has been a source of frustration and further trauma to many Recall Patients.

Belfast Trust has endeavoured to be as open and honest in relation to requests for information which relates to their individual care and treatment.

We have written to every patient recalled and apologised for any distress and anxiety that the recall caused.

As an employer we are bound by employment law and the legislation around confidentiality. We are, therefore, unable to respond to questions regarding individual members of staff.

The Belfast Trust is keen to engage with your Group to hear their lived experiences, learn from them and in so far as it is legally able to share information and act in a supportive and compassionate manner.

Question 6

This Neurology Recall Patient Support Group requests the Trust to show demonstrable evidence of *"safe, high quality, compassionate care and support"* as per the Trust Values. There has been a severe lack of "safe, high quality, compassionate care and support "in the case of Neurology Recall Patients. The Trust has shown anything but compassionate care and support.

The Belfast Trust recognises that the care for many patients fell below an acceptable standard and recalled over 3500 patients to ensure that they had the correct diagnosis and were on the correct treatment. We did this as quickly as we could and without delaying other neurology patients who required our care. We absolutely accept that this resulted in additional worry and distress for many patients and their families. Psychology services were made available for patients who needed help.

Feedback from patients attending their review appointment was positive and constructive with overall satisfaction, rated at 86%

There is an ongoing public Neurology Inquiry and Trust staff have fully engaged with the Inquiry.

RQIA has reviewed neurology outpatient services within the Belfast Trust and work is ongoing to strengthen the governance arrangements in our outpatient services.

We are also working to increase the psychology service available to neurology patients who need this clinical expertise. Additionally, we have introduced real time patient feedback on our inpatient adult wards. We hope to roll this out to outpatients in the next year.

There is also a neurology advice line for any recall patient looking for advice, help or support. This advice line has been available since 2018.

The Neurology Advice Line telephone number is 0800 980 1100 and operates Monday to Friday 09.00 to 1600, excluding weekends and public holidays.

The Neurology Care Advisory Service is also available Monday to Friday on 028 9504 2270 or via email neurocareadvice@belfasttrust.hscni.net

Other specialist neurology advice lines are in place to support patients with Multiple Sclerosis (MS) Motor Neurone disease (MND) and Epilepsy.

As, acknowledged earlier, the Trust is keen to engage with your Group to hear lived experiences, learn from them and in so far as it is able share information and act in a supportive and compassionate manner.

b. Questions Submitted by Members of the Public – Mr Stanford Smyth (Min.10/21b)

Mr McNaney confirmed that the Trust response to questions submitted by Mr Smyth at the previous meeting had been shared with members as follows:

- **I'm sure the whole board would agree discrimination in the workplace is totally unacceptable. If that is the case could the chief executive explain to the public why members of staff have been suspended for alleged wrong doings at Muckamore abbey hospital and yet a Professor who is now facing a GMC inquiry into alleged wrong doings has not been suspended?**

- **Currently how many Doctors, Consultants or Professors are under investigation within the Belfast trust ?**

- **On the 9th March Professor Ian Young lost his high court case to block a GMC inquiry into his conduct relating to the death of Claire Roberts. If the GMC uphold a complaint against Professor Young will the chief executive Dr Jack consider her position having previously cleared Professor Young of any wrong doings ?**

The Trust is obliged to consider any concerns regarding the conduct, health or performance of a doctor within the framework of Maintaining High

Professional Standards. The Trust did consider the concerns arising from the Inquiry Into Hyponatraemia-related Deaths report regarding a number of doctors employed by the Trust.

In addition to the usual legal obligations, arising from General Data Protection Regulation and the Data Protection Act, regarding the processing of personal data, the Trust also has 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.

The Trust can confirm that there are currently 5 formal investigations ongoing at the Trust at present, within the Maintaining High Professional Standards framework.

It is noted that you may have now obtained some details in relation to the Trust's management of the concerns raised regarding Professor Young. However, given our legal duties in relation to the processing of the personal data of individuals and our duty of confidentiality, we as employer are unable to share details of the specific management of concerns regarding Professor Young or indeed any other employee.

In consideration of those concerns, Dr Jack, then Medical Director, sought independent advice 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 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 Director (Mr Aidan Dawson, Director of Specialist Hospitals and Women's Health). Legal advice was also obtained.

The Trust's position in relation to other investigations into these matters is as follows. Once the criminal consideration of the matters is concluded the Trust will then consider any and all information, which is available to the Trust at that time, and progress appropriate individual formal investigations. This will include individual investigations which the Trust has already determined should be progressed, in addition to any other individual investigations, which might be indicated based on new information. The Trust will do all that we can to assist the PSNI and the GMC in their own separate consideration of these matters. The Trust will also ensure that its own considerations are informed by their work, and indeed any new evidence which comes to light which has not been considered already by Sir John O'Hara.

- **As the trust tries to rebuild vital life saving cancer services will the board as whole give an undertaking to fully support the director of surgery and specialist services in the months and years ahead ?**

- **Does the director of surgery and specialist services have the full support of the chief executive and that if any resources are needed to bring down cancer surgery waiting times the chief executive will prioritise any such requests?**

Yes the Director of Surgery and Specialist Services has the full support of the Chief Executive and Trust Board. Over the last year, throughout the pandemic, the Trust has been prioritising all surgical procedures in line with the guidance issued by the Federation of Specialty Surgical Associations (FSSA), an approach endorsed by eh joint Royal Colleges of Surgeons https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/.

This document assigns relative priority levels for surgical procedures across the range of surgical specialties and in doing so is helpful in guiding the targeting of limited resources to the most time-critical cases in an objective, consistent and transparent manner.
Although all Northern Ireland Trusts have been required to downturn elective surgical activity in order to redirect critical care resources to deal with Covid patients, the siting of the regional Nightingale hospital in the Trust has had a particularly significant impact on the delivery of major regional complex surgeries, which cannot be carried out elsewhere. As we rebuild services, the Trust has had to assign the great majority of theatre resources to addressing the backlog in these cases and the waiting times for complex cancer surgeries is falling as a result.

To address waiting times for cancer surgeries which do not require to be carried out in the Belfast Trust, we have also been working with all other NI Trusts and independent providers in a regional surgical prioritisation group led by the Health and Social Care Board. This is to ensure that, throughout Northern Ireland, surgical resources are targeted to where they are needed most and that waiting times for time-critical surgeries are equitable across Northern Ireland. The regional group also relies on the same FSSA guidance in prioritising cases, providing further consistency of approach across the region.

I would also note that in his recent statement to the Assembly, the Minister of Health recognised, *"…the Covid-19 pandemic has had a significant impact on our already appalling waiting lists. It has also highlighted serious long established fragilities in our health and social care system, especially in terms of staffing capacity"*. He stated it could take years to recover without additional monies and staff.

- **How many medical claims are the trust currently dealing with re Dr Watt and neurology?**

As of 4 March 2021, there are 274 negligence claims have been made against the Trust and the Directorate of Legal Services (DLS) are acting on the Trusts direction as the client, in addressing them. The Trust is very conscious of the trauma that many of the recalled patients have suffered and has instructed the lawyers acting for them to act in a compassionate manner that does not aggravate this trauma.

28/21 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Chairman's Awards 2021

Mr McNaney advised that arrangements were being put in place for the annual Chairman's Awards. A draft list of award categories has been drawn up for Executive Team for consideration. It is planned to launch the awards at the end of June with a ceremony in November. During the week of the ceremony a programme of recognition events will be held to acknowledge the tremendous commitment of staff during the Covid pandemic.

c. Safety and Quality Visits – Non Executive Director Reports

i. Ward 5E, Royal Victoria Hospital (RVH)

Mrs Karp presented a report of a virtual Safety Quality Visit she had undertaken to Ward 5E, RVH on 11 May 2021. She wished to highlight the commitment to quality improvement, particularly given on-going workforce pressures. There is a particularly supportive and nurturing environment for international nurses. She commended the resilience shown by the staff who have undergone unprecedented change. The ward had been transformed for stepdown ICU, with staff redeployed to the Ramada facility and they had facilitated a move to the RVH.

Mrs Karp advised that an area for improvement staff had highlighted was the ability to use the skill mix of staff and take advance of career progression for Band 2 staff and more Advanced Nurse Practitioners.

ii. Interventional Radiology, Belfast City Hospital (BCH)

Professor Bradley presented a report of a virtual Safety Quality Visit to Interventional Radiology, BCH on 19 May 2021. He had met with the multi-disciplinary team and had been impressed by how they are using their skill mix. A Clinical Educator assists with upskilling staff in new techniques being introduced. Staff had raised issues in relation to the cramped environment on the BCH site and the lack of storage for equipment. A review of patient information is being undertaken. Where possible the same member of staff will be appointed to support patients through their treatment for continuity of care and improved patient experience.

Professor Bradley paid tribute to the team for their focus on patient experience and noted they are prepared to move across sites to deliver their services. The team demonstrated their commitment to innovation.

In relation to the accommodation issue raised, Mrs Owens advised that the BCH area had been refurbished a few years ago to optimise the space.

Mr Hagan paid tribute to the Interventional Radiology service and pointed out this is a regional service with staff prepared to respond to patient need at any time of the day or night.

29/21 Emerging Issues

a. Covid-19 Update

Dr Jack provided an update in respect of the Covid-19 delta variant, which appears to be much more transmissible and is more likely to result in hospital admission. At the moment it is not certain if there will be an increase in the numbers requiring ICU. Many of those affected in Scotland are in the younger age group 18 to 30 and haven't been vaccinated. She emphasised the importance of the vaccination programme which continues at pace and stated everybody should be encouraged to get their vaccine and complete the second dose.

Mr Hagan presented an update on respect of Covid-19, as at 3 June 2021 154,811 vaccinations had been administered. Currently focus is on vaccinating the 18 to 39 age group. He also wished to reiterate the importance of this age group coming forward for their vaccination. The number of Covid in-patients had reduced with less than 5 currently being treated in hospital.

In terms of theatres, Mr Hagan highlighted the service is focusing on upskilling non-registrant staff to undertake the scrub role and assist with the workforce gap. This is the subject of a test of change project within Orthopaedics and the DoH has been advised.

Mr McNaney noted that there was a very small 0.13% wastage of the vaccine and commended Mrs Owens and the Vaccination Team. He also noted the Minister at a recent visit to the Vaccination Centre had indicated he was very impressed with the work being undertaken by the team.

Professor Bradley asked that future reports include information in relation to how staff have managed during the pandemic, particularly those on the frontline.

Mrs Owens advised that a Staff Experience Survey had been issued on 9 June to all staff seeking feedback on their experience during the pandemic. The survey also asked staff to nominate a college who they recognise as having done a good job.

Mr McNaney asked that a report of the survey be presented to Trust Board in due course to help assess what other interventions might be required.

b. Muckamore Abbey Hospital

Ms Traub presented an update report in respect of Muckamore Abbey Hospital (MAH). There are currently 41 in-patients and 5 on trial placement. Weekly Patient Safety reporting continues, this includes monitoring of the use of restrictive practice such as physical intervention, seclusion and restraint. The data is monitored regular to identify if any trends emerge and ensure that all appropriate actions are taken.

In relation to workforce, Ms Traub advised there is careful monitoring of nursing, medical and adult safeguarding staff to ensure safe staffing levels. The Trust also continues to report nurse staffing levels to the DoH on a weekly basis.

In response to a question from Mr McNaney, Ms Traub advised the medical staffing remains a challenge, it is a small team with a vulnerability if one member goes off, currently the team is in a stable position.

Ms Traub noted the report also highlights Carer and Family Involvement, which is a key strategic priority for the Trust. There are a range of initiatives to improve relationships and involve carers in the direction of travel for learning disability services. She was pleased to report that a Carer Involvement and Patient Public Lead for Learning Disabilities has recently been appointed. Also the report references a Carer Questionnaire, which had been issued to all MAH patient carers/families. The returns are being analysed with some very positive feedback around staff. However, there has also been clear feedback on areas that need to be improved e.g. communication with families and how the Trust support carers in their role. An action plan is being developed based on the feedback received.

In relation to strategic development Ms Traub highlighted a ward re-profiling exercise has been undertaken to ensure best use of staffing resource and most modern ward estate. A Steering Group has been established, chaired by Ms Traub, with RQIA, HSCB, NHSCT and SEHSCT to take forward the proposal for an on-site resettlement option within the grounds of MAH. A small number of patients, who have been in MAH for a period of time, have expressed the desire to remain on the site.

Ms Traub referred to challenges faced by families of Learning Disability service users during the pandemic with the reduction in Day Care Opportunities due to the Covid-19 regulations. The PHA are reviewing the guidance around social distancing in the context of Learning Disability Services, it is hoped this will allow some additional capacity in Day Centres.

Mr McNaney advised he and Ms O'Reilly had recently met with representatives of carers who had expressed concern at the social distancing requirements which had restricted the number of people who could use transport and Day Centres. He welcomed the PHA review, commissioned by the DoH.

Mr McNaney referred to the Stake Holder Summit hosted by the BHSCT on 29 April and welcomed the note in the minutes indicating that RQIA, wished to put on record, through their numerous inspections they are impressed by the quality of care being provided by the MAH staff, despite all the risks.

Mrs Diffin advised viewing of the historical CCTV footage continues by both PSNI and the Trust. Referrals continue to be made to the PSNI as incidents arise and where necessary protection plans are put in place.

Mrs Kennedy reported that the disciplinary process continues in respect of the cases identified to the Trust by the PSNI.

c. Neurology Review

Mrs Owens provided an update on the Cohort 3 Recall of neurology patients. There are 2 groups i.e. 209 recalled for a consultant neurology review all of whom have been seen, with 67 referred for further diagnostic tests and 128 confirmed discharges. The second group had been referred to the patients GPs to ascertain if they were content the drug their patient is on is for a known clinical condition. To date 146 GP responses indicate recall required; 142 recall not required and 148 GP responses are outstanding. In relation to the outstanding responses the Trust has written to these patients separately regarding their medication. Of the 121 patients reviewed 9 have been referred for further tests and 129 confirmed discharge. It is anticipated that all but 1 patient will have been reviewed by the end of June.

Mrs Owens advised that the Trust continues to liaise with the Royal College regarding the blood patch review, with a draft report expected by mid-June.

Mrs Owens referred to the previous Trust Board meeting when it had been reported that there would be a meeting with the Neurology Recall Patients Support Group (NRPSG) facilitated by Ms Caral Ni Chuilin, MLA. This meeting had been held on 14 May 2021. NRPSG had sought clarification in relation to patients who had had a blood patch procedure, Dr Jack had advised if patients had been told, at their recall appointment they should not have had a blood patch, the Trust's view was the care fell below an expected standard as a patient had an unnecessary procedure. Functional Neurological Disorder (FND) condition was discussed with the NRPSG expressing the view that a specialist service for FND should be available in Northern Ireland. It was agreed the Trust would write to the commissioners to ask them to consider commissioning such a service, this has been actioned and a response is awaited.

NRPSG also requested the Trust write to the other patients indicating if their care fell below a standard. The Trust has given an undertaken to consider this for those patients with an "insecure diagnosis", to make clear if their diagnosis or treatment changed following their review. However, the neuro psychologist, has expressed reservations about taking a blanket approach for all patients. Further consideration is being given to this matter.

NRPSG requested more psychological support for patients. Dr Jack advised that whilst psychologists had been recruited, more are required and a recruitment exercise continues. The group were advised that any patient requiring help could contact the Neuro Recall Advice line to access the psychology service. However, the group advised some patients are reluctant to go to the RVH for psychological support. It has been agreed that to options would be explored of providing support in a community setting. The group undertook to discuss further and feedback to the Trust.

The group raised concerns regarding patients experiencing long delays getting information as part of their litigation claim. Patients just want closure and the legal directorate to meet with their legal teams. The Trust is committed to expediting claims and DLS are in the process of recruiting more administration staff and solicitors to deal with the claims. The Trust brought the matter of redress to the attention of the DoH at a recent meeting. Ms Ni Chuilin also agreed to follow up with the DoH.

Professor Bradley sought clarification as to how the litigation cases were being managed.

Mrs Owens advised each case is being considered individually. However, there may be some case where there is agreement with the plaintiff and Trust legal team to proceed with one expert which would reduce the length of time in concluding cases.

Mr McNaney stated the importance of the Trust approaching the resolution of these issues with vigour, in the best interest of the patients involved.

d. Royal College Review Cardiothoracic Surgery

Mr Hagan advised that since the last meeting of Trust Board the Royal College report had been shared with RQIA and HSCB. The RQIA had written to the Trust expressing concern around quality of care. The Trust had provided assurance around the care, treatment and quality of services and the action plan. RQIA have since indicated they are content with the progress being made in taking forward the Royal College recommendations.

Mr Hagan advised he had recently met with NIMDTA and received positive feedback from the trainees. There had been no negative feedback from trainees in respect of their experiences in Cardio Surgery, this will be fed back to the GMC. He provided assurance that progress is being made with the team.

e. Infected Blood Inquiry

Mrs Leonard provided an update in respect of the ongoing Infected Blood Inquiry. She advised the Trust had received a further Rule 13 Notice for completion in the next few weeks. The Inquiry is currently conducting live oral hearings with representatives from the haemophilia charities and campaign groups, these include Northern Ireland representatives giving evidence. The

Trust continues to work in full co-operation with the Inquiry to support patents and staff.

f. IHRD Update

Mr McNaney invited Mr Hagan to provide an update in respect of IHRD and referred to the need for the issues raised by Mr Roberts in his written questions to be addressed.

Mr Hagan advised that Mr Andrew Dawson, Director of Quality, Safety and Improvement, DoH is the IHRD Programme Director. Work on some of the workstreams had been paused for a period of time with key pieces of work continuing. The workstreams will recommence.

Members noted the formal consultation on Duty of Candour had been launched on 16 April 2021 for 16 weeks. Events were hosted by DoH to raise awareness of stakeholders and future dates of awareness sessions planned. The DoH has published the HSC Trust Board Members Handbook – a resource to Support the Delivery of Safe and Effective Care.

In terms of the management of concerns with respect to staff. Immediately following the publication of the IHRD report on 31 January 2018, the Trust did consider the concerns arising from the report regarding a number of doctors employed by the Trust. The Trust determined, based on the information at the time, that a small number of doctors should be the subject of formal investigation within the framework of Maintaining High Professional Standards (MHPS).

Mr Hagan pointed out 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. The Trust has confirmed that once the criminal consideration of the matters is concluded it 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.

Mr Hagan noted the Trust has 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 MHPS framework, while of course General Data Protection Regulations (GDPR) and the Data Protection Act 2018 also apply to the processing of personal data. Given the small number of doctors involved they potentially would be identifiable therefore the Trust is unable to provide further details of the exact number of doctors whose investigation is paused pending the outcome of the PSNI

consideration. For the same reason the Trust is unable to confirm the number of doctors whose cases have been closed following the preliminary inquiries.

Mr McNaney asked if it was possible to indicate the number of doctors was below a certain figure.

Dr Jack advised less than 5 doctors investigations were paused pending the outcome of the PSNI investigations.

In response to a question from Mr McNaney, Mr Hagan confirmed a response would be drafted to Mr Roberts's questions for Mr NcNaney's consideration.

Mr McNaney welcomed the publication of the Board Member Handbook and wished to commend Ms O'Reilly who together with NI Social Care Council colleagues had written the section on Discharging Statutory Functions. He asked that copies of the handbook be circulated to Trust Board members.

30/21 Safety and Quality

a. Discharge of Statutory Functions

Mrs Diffin presented the following reports for consideration:

- Delegated Statutory Functions Report for the year ending 31 March 2021
- Delegated Statutory Functions Report in respect of the Regional Emergency Social Work Service, which BHSCT undertakes on behalf of the 5 Trusts in Northern Ireland, for the end ending 31 March 2021.
- Corporate Parenting Report for the period 1 October 2020 to 31 March 2021

She explained the reports had been considered by the Social Care Committee (SCC) on 20 May 2021, with Mr McNaney in attendance. This committee acts on behalf of Trust Board in respect of seeking assurances from senior managers from the relevant programmes of care in respect of how they discharge their statutory functions.

Mrs Diffin highlighted the following key salient issues arising from the relevant reports. She explained the data within the Corporate Parenting Report is closely linked to the findings outlined in the Statutory Functions Report Family and Childcare programme of care.

Mrs Diffin acknowledged that the past year has been one of unprecedented challenges for the community sector. However, despite these challenges the Trust had continued to prioritise the safe discharge of its statutory functions and overall the professional assessment indicates that the Trust has achieved satisfactory compliance with the requirements specified in the Scheme of Delegation. However, there has been some areas, similar to the previous reporting period, where the Trust has been challenged in achieving full compliance.

Mrs Diffin highlighted the following key areas where significant improvements had been achieved during the year:

- **Domiciliary Care** - during the course of the year there has been a sustained reduction in the level of unmet need in both Older People's and Learning Disability programmes of care.
- **Mental Health Order** - there is a requirement to complete the Approved Social Work reports within 5 days. This year there were only 2 reports outside the timescale. A significant improvement in previous years performance.
- **Muckamore Abbey Hospital** – the RQIA Improved Notice relating to adult safeguarding concerns, was lifted in April 2020 in recognition of the improvements implemented. In relation to resettlement there have been 6 successful discharges and a further 5 are on trial leave, plans are in place for a further 16 resettlements
- **Mental Capacity Act** – the implementation of Phase 1 of the Act across Mental Health and Children's Community Services has been successful with all relevant individuals having the required Deprivation of Liberty (DOL) in place.

Mrs Diffin further highlighted the following areas where the Trust had not fully discharged its statutory functions:

- **Mental Capacity Act** – implementation continues to be a challenge across Older People's and Learning Disability services and they will not have met the full implementation by the required deadline of 31 May 2021. This is due to the volume of assessments to be completed alongside the challenges of rebuilding services. These programmes of care have the highest number of service users that require DOLs assessments, additional staff are being recruited to address the backlog. Action plans have been developed in both programmes of care and submitted to the HSCB.
- **Domiciliary Care** – whilst there had been progress in reducing the level of unmet need, a total of 219 individuals were awaiting care packages at the end of the reporting period. Further work is being done across the programmes to review how these packages are being provided with a view to delivering them in a more targeted and efficient way. There continues to be a priority to deliver care packages for those people being discharged from hospital in order to support timely discharge.
- **Annual Review of Older People** – there is a significant backlog of these reviews as many had been stood down due to the pandemic, with the agreement of the DoH. It is anticipated it will take until December 2021 to clear the backlog. These reviews are undertaken by the CREST team. The work of this team has been impacted due to a number of vacancies and has been added to the Principal Risk Register. An action plan is in place to address the issues.
- **Historical Hospital Social Work Cases** – again, due to Covid there has been delays in completion in the recording of some historical cases. This had been due to prioritising timely discharge of patients. A number of staff had been redeployed to support the timely discharge of patients. An

action plan is in place to have the outstanding cases completed by the end of July 2021.

- **Adult Safeguarding Practices** – RQIA have raised a number of concerns in a some facilities. Detailed action plans are in place in all of the facilities concerned. An overarching action plan has also been developed by the Adult Safeguarding Committee and overseen by the Adult Safeguarding Champion to address the deficits across the Trust and ensure learning is shared. This work has also been placed on the Principal Risk Register.
- **Community Placements for Adults with a Learning Disability** – there continue to be difficulties identifying suitable accommodation for the range of Adult Learning Disability service users with particular complex needs. This has impacted on the delayed discharges in MAH. Work is ongoing to address these through regional procurement for complex cases, development of an accommodation plan through to 2023 and development of a business case for a Supported Living Development.

In respect of Children's Community Services, Mrs Diffin advised:

- **Personal Advisors** - the number has reduced from last year i.e. 103 to 83. There has been a high turnover of staff and increasing number of young people remaining in care. An action plan is in place to improve the position over the next few months.
- **Unallocated Cases/Statutory Visits/Statutory Reviews -** there continues to be good progress in working to reduce the number of unallocated cases across Gateway, Family Support and Children with a Disability services. There has been additional investment from the HSCB to recruit 9 senior practitioner social work posts, which has helped address some of the challenges. An emerging issue this year is unallocated cases across the Looked After Children (LAC) teams. This relates to the increasing number of LAC over the last 5 years i.e. 739 to 875. There has been little investment in relation to frontline fieldwork staff. Although there has been a number of investment proposals to support LAC over recent years this has not included frontline staff. Further work is underway to review caseloads to see if there is any scope to realign team structures. In addition, the Trust continues to proactively address recruitment and retention challenges. This has had an impact on undertaking Statutory Visits and Statutory Reviews within regulatory timescales.
- **Placement Moves -** whilst the overall number of children who have experienced a move of placement has decreased from 179 to 117 the number of children experiencing 2 or more moves has remained constant. Challenges remain in respect of matching children with the most appropriate placement when they are initially admitted into care. During Covid there have been challenges in the recruitment of foster carers due to the usual methods of recruitment campaigns having to be paused due to the pandemic.
- **Delayed Discharges from Iveagh/Development of Appropriate Community Placements -** there remain delays in being able to discharge a small number of young people due to the lack of appropriate accommodation. There has been two Judicial Reviews in relation to this issue with the Court stressing the Trusts responsibility to provide

accommodation to meet the assessed needs of these young people within a reasonable timescale. The Trust continues to work with the DoH and HSCB on this issue. Trusts are working with the HSCB to develop a strategic framework for the provision of services to support this group of families and children.

The Trust had to place two children with complex disabilities in its short breaks facility due to the lack of appropriate long term placements available both in the Trust and across the region. This has had a direct impact on the Trust's ability to provide residential short breaks to a range of families whose children are assessed as benefiting from these short breaks.

- **Early Years Inspections** – during Covid these had been paused, with the agreement of the DoH, resulting in a significant backlog. An action plan is in place to address this over the next few months.
- **Workforce Pressures** – challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report. The need to encourage and support social workers to progress through to team leader posts and further up the line management structure will be a priority over the next few years. This is key to ensuring that social work has a strong voice at all levels of the organisation.

  The Trust remains concerned at the high level of vacancies, particularly in in relation to some of the key specialist posts i.e. Approved Social Worker, DAPO and IO despite proactively going out to recruit. Additional support was provided by the Learning and Development team to the AYEs who graduated and commenced work early due to the pandemic and the Trust is keen to continue with this model going forward to support the retention of staff in these high turnover areas.

  The Trust has participated in the Regional Review of the Social Work workforce led by the DoH and awaits the completion of the final report. Trusts have concerns that the modelling in respect of numbers required over the next number of years is an underestimate and this has been highlighted to the DoH.

  The Trust has commenced a social work and social care workforce review. A key issue is that there is not enough staff being trained regionally in terms of social work. There is also a significant choice of roles so there are challenges to make the less attractive posts more appealing, this will be part of the workforce review.

  In respect of the Delegated Statutory Functions Report for the Regional Emergency Social Work Service. Mrs Diffin highlighted the report and data mainly focused on functions under the Mental Health Act legislation. Overall the service continues to function well, the main challenges are similar to the day time services in relation to having sufficient placements for children when required for admission on an emergency care basis; delays in placements for mental health patients, which delays the completion of the assessment. Approved Social Work staff can be out for

out for a number of hours extending into the next day due to the challenges finding a bed across the region. Generally the mental health functions are delivered well by the Regional Emergency Social Works with sufficient Approved Social Workers in place.

Mrs Diffin referred to the Corporate Parenting Report data, highlighting the increases in the number of children on the Child Protection Register and LAC and the consequential pressures on the service.

In concluding Mrs Diffin wished to record her thanks to the social work and social care workforce who have continued to provide services to the most vulnerable throughout the past year and have continued to visit children, families and vulnerable adults in their homes at times when they have been under significant pressure. They have had to adapt to new ways of working using virtual methods in line with the Government guidance, whilst continuing to respond in person to those at risk. A lot of the workforce had to move to work from home which has had an impact on teams who benefit from their colleagues support. However, staff have remained agile and flexible in how they provided services and have worked tirelessly to provide support to service users.

Mrs Diffin wished to acknowledge the professional leadership of the Divisional Social Workers to the social work/care workforce in each of their Divisions and the work of the Collective Leadership Teams across ACOPS, Mental Health and Learning Disability and Children's Community Services and the Directors Mr Dawson and Ms Traub for ensuring the focus has remained on the delivery of statutory functions through this very challenging year.

Mr McNaney thanked Mrs Diffin for her detailed presentation and acknowledged the enormous amount of work undertaken by the respective teams. He invited Ms O'Reilly, Chair, and SCC to provide a report on behalf of the committee.

Ms O'Reilly noted that Mrs Diffin had given a very comprehensive presentation highlighting the issues and actions being taken. The SCC had considered the Annual Delegated Statutory Functions Report 2020-2021 and on the basis of this consideration and the material available to it, the Committee is of the opinion that the Trust's delivery of its statutory functions is adequate and effective. In general, the Committee is satisfied that appropriate steps are being taken by the Trust to discharge these functions or where necessary has an action plan in place to address any areas where the statutory functions are not being fully discharged. She stated it is important to note the SCC provides a forensic and focused review of these issues on a continual basis, recognising that where the Trust is responsible action plans are in place. However, there is a large part of the statutory functions where the Trust provides analysis to the DoH and HSCB for further discussion. This provides focus on the need for a greater partnership approach to some of the longer term issues that the Trust has been managing over many years.

Ms O'Reilly drew particular attention to the Carer data and highlighted the focus by staff to support carers during the pandemic. There had been an increase in Direct Payments for carers and a significant increase in Carers Assessment. She further noted the impact the reduction in service, due to the pandemic, continues to have on carers. The Trust continues to work in partnership with carers to provide support to service users across social care.

In concluding Ms O'Reilly advised the SCC is of the opinion that the assurances available are sufficient to support the Trust Board in the decisions taken by it and in its accountability obligations in respect of the delegation of statutory functions. The Committee recommends that the annual Discharge of Statutory Functions and Regional Emergency Social Work Service Reports for 2020-2021 and Corporate Parent Report for 1 October 2020 to 31 2021 be approved for submission to the HSCB.

Professor Bradley wished to acknowledge the amount of work that has gone on within the community during the pandemic. Social Work, primarily a community based service, has had to cope with challenging issues in trying to reduce the transmission of Covid. There has also been an increase on demand, particularly within Children's Services. He further noted that Social Work is a profession which has a huge statutory responsibilities requiring a huge volume of reporting. He paid tribute to Mrs Diffin and the teams for continuing to deliver statutory responsibilities. He also noted that Social Work similar to other services is facing a real problem with workforce in the sense of having the right number of people with the right skills. Mental Capacity Act requires more experienced staff to implement and oversee its delivery, whilst new staff are being recruited, it takes time before they can take on this extra responsibility.

Mr McNaney sought assurance that the workforce issues has been escalated to the HSCB and DoH, particularly in respect of LAC services. Mrs Diffin confirmed the Trust continues to liaise with the HSCB and DoH regarding the workforce pressures. An Early Alert has been issued to the DoH recently. The Executive Directors' of Social Work have also highlighted the issues to DoH.

Mr McNaney noted all Trusts had written to the DoH regarding pressures with the implementation of the MCA and asked if a response had been received. Mrs Diffin advised that the DoH had indicated that there would be no further delay implementing the MCA and that action plans should be developed to progress the work.

Dr Jack advised the DoH view is clear there is no further slippage on the implementation of the MCA timeframes.

Mr McNaney thanked Mrs Diffin for her comprehensive report and Ms O'Reilly and members' of the SCC for their diligence. He stated Trust Board appreciated the challenges teams are managing.
In concluding the discussion members' approved the reports.

b. Quality Mangement System/Performance Management Report – April 2021

Ms Stoops presented the Quality Management System (QMS) /Performance Report for the period ending April 2021. She explained the report provided an update on activity in respect of Covid, Rebuild Plans and the 6 Quality Parameters i.e. safety; experience; effectiveness; timeliness; efficiency and equality. The Trust position in respect of targets set out in the Commissioning Statement is also reported in the QMS.

Ms Stoops highlighted that at the end of April 2021 there had been 2,622 patient admissions due to Covid-19, with 211 admitted to Critical Care. Of these 85% had been discharged with excellent outcomes. The demand placed on beds due to the pandemic has impacted on Waiting Lists (WL). In relation to Inpatient and Daycase of the 46,424 awaiting an admission 67% have been waiting over 52 weeks. Similarly there has been an increase to 111,945 waiting on a first Out-Patient appointment, 54% of whom are also waiting longer that 52 weeks.

Ms Stoops advised there had also been a growth in the WL in the community, particularly in Mental Health Services, there are currently 993 people waiting with 23% waiting over 9 weeks. There continue to be long waits across Allied Health Professionals (AHP) and within Child and Adolescent Mental Health Services (CAMHS). There has been a welcome reduction in those waiting for Psychiatry of Old Age and Learning Disability.

In relation to progress against the Phase 5 Rebuild Plan Ms Stoops caveated that although projected activity have been achieved, it does not mean services are back to pre-covid activity. She particularly highlighted the need to recognise Day Care and Day Opportunity attendances and continuing restraints on the service due to social distancing requirements. The level activity is much lower at 32% compared to 2019.

In relation to the Classic Safety Thermometer Indicators all continue to be within the control limits in 2021. The Safety Thermometer for Maternity indicates an improvement in “Harm Free Care” outcomes in April. The Medication Safety Thermometer whilst an improved position remains below the overall target

Ms Stoops reported the Mortality rate after elective surgery is 0.18%, equalling the peer figure. The mortality rate after emergency surgery is 1.29%, comparing well against the peer figure of 1.68%. Crude mortality rate also compares favourably against peer hospitals at 3.2% against a peer figure of 4.4% for 2020/21. The Trusts index of 98 means deaths are 2% less than expected in the statistical model, this continues to be seen within an acceptable standard deviation.

The Readmission rate for the period 2020/21 is 8.1% against a peer figure of 9%. In relation to Clinical Coding Timeliness, the Trust continues to

achieve 98% of the HSCB of 98%. There has been improvements in the Clinical Coding Accuracy.

Ms Stoops noted there has been an increase in the episodes of C-difficile compared to last year, however the MRSA target is still being achieved.

Members noted Real-Time Feedback Friends and Family Test, 562 patients surveyed in April 2021 indicated 99% were extremely likely or likely to recommend the ward they were in to family and friends. Also Care Opinion continued to see increasing numbers of stories being published, to end of March 100 stories had been published.

In relation to the Effectiveness and Timeliness section Ms Stoops drew attention to Elective Inpatients/Day Case and the impact of the pandemic with 1,119 elective discharges compared to 1,731 in 2019. The overall average length of stay in 2021 remained similar to previous years.

Members noted after a significant drop in the first Covid Surge activity has increased, however, there are workforce challenges, in April 2021 there were 30,123 attendances, compared to 15,027 in April 2020. In April 2021, 79% of urgent diagnostic tests had been reported within 48 hours, compared to 85% in 2020. In relation to the target that 75% of patients should not wait longer than 9 weeks for a diagnostic test, the Trust has achieved 44%, this demonstrates a gradual improvement since a drop to 20% in May 2020.

In relation to AHP at end of April 82% of activity was being delivered compared to April 2019. There are challenges across all AHPs in terms of trying to increase activity, however WL are increasing.

In Unscheduled Care by end of May there were 158 contacts within the Beechall Covid Assessment Centre. There is lower activity in GP Out of Hours (GPOOH) service compared to pre-Covid levels and there are continuing pressures in staffing the service. It is important to have this addressed in order to reduce the growing demand on EDs. GPOOH triaged within 20 minutes target has remained over 90% throughout the year. There has been a significant growth in the ED and Emergency Care Centre with a 33% increases in attendances compared to January 2021. There has also been a significant increase in ambulances attending ED, RVH in recent months. The 4 hour performance was 51% in April and there had been 877 patients in excess of 12 hours.

Outpatient referrals, the average monthly referral between April 2020 and April 2021 was 187,647. It should be noted that the services is back to delivering 86% of the pre-Covid outpatient activity at the end of April. This demonstrates really good progress on delivery outpatient activity with huge efforts, including virtual clinics.

Ms Stoops presented a summary of the ongoing work in respect of the Outpatient Modernisation Programme. She explained there are a number

of workstreams taking forward this work and the outcomes will be included in future QMS reports.

In relation to Hip Fractures the performance has fallen to 78% in April 2021. During 2020/21 the average was 94%, due to reduced theatre capacity 14 fractures were waiting for over 48 hours for treatment.

There has been increased pressure in Mental Health services, with 206 people waiting over 9 weeks, compared to 161 in the previous year. There has been a reduction in the CAMHS figures, however there remains high numbers of people waiting to be seen.

Older Peoples Dementia service the waiting list has reduced form 434 in July 2020 to 192 by April 2021. There continues to be constant focus on complex discharges to improve patient flow and work continues to achieve 95% performance for Non-Complex Discharges.

In respect of Direct Payments the update by end of April was 16 above the 2020/21 outturn at 877.

The number of Children Protection referrals demonstrate significant variation with referrals by the end of May at their highest since a year ago. There are 15% more children on the child protection register compared to the same period last year.

There has been an improvement in absence of 6.8% against the 7.23% target, in April 2021 the sickness rate was 8.5%. Statutory Mandatory Training continues to be monitored closely in March 2021 there was less than 50% compliance against 6 areas.

In respect of Finance, Ms Stoops highlighted the Covid-19 spend is £149m and wished to draw attend to the continued reliance on non recurrent funding, the Trust would need £90m to achieve recurrent financial balance in 2021/22, after taking account of non recurrent savings. She also noted agency spend was 9.2% higher than for the same period in 2019/20.

There continues to be focus on Equity, in addition to equality screening and training the Trust continues to work as a system around regional surgical prioritisation and ensuring that every effort to focus on the most vulnerable and ensuring the most urgent case are seen first. The Trust reports on the Equity measure within each of the Divisional dashboards as part of QMS.

Mr McNaney thanked Ms Stoops for the comprehensive presentation. He highlighted the huge WL across the organisation and sought reassurance that the Trust, so far as it is able, is tackling the existing WL alongside the Rebuilding Plan.
Dr Jack advised, given resources available, the theatre utilisation over the past year has increased by 7%, which equates to approximately 1,000 operations. The Trust continues to manage the resources available to

maximise care delivery. For example the decision to temporarily stand down the Covid ICU in the Mater Hospital and focus ICU in BCH has meant that 7 more complex cancer operations a week can be undertaken in BCH and also stem cell transplants in Haematology. Dr Jack paid tribute to staff who are have been extremely agile in supporting this work.

Dr Jack pointed out that the Trust is working as part of a system and referred to the regional unscheduled work. The unscheduled care pressures are unprecedented a few weeks ago 25/26 people were waiting in Cardiology for procedures, normally there would be 5/10. These cases have been cleared because of additional lists, equally this has been done for fractures. Because of the work the HSCB is undertaking with all Trusts, there has been agreement that there will be a clear distinction between BHSCT's regional unscheduled flows i.e. neurosurgery, vascular, cardiology, procedures that can only be carried out in RVH, are considered as separate flow on top of the local unscheduled care flow. In the same way by ring fencing the BCH to make sure it is Covid minimal BHSCT can continue to deliver the regional high risk cancer work. The region want BHSCT to continue to do this, she pointed out that BHSCT regional services treats more people from outside Belfast.

Dr Armstrong advised, compared to the first week in January, in the past 3 weeks there had been a 20% increase in ambulance attendances at ED, RVH i.e. 90 to 100 additional ambulances per week. Overall urgent care ED attendances there is a 33% increase i.e. another 550 additional patients per week. He commended frontline staff in ED, RVH as despite these pressures admission rates have been low at 16% to 18%. However, there has been pressures on beds and therefore a huge focus is required on the rate of discharges. In any given day, in addition to there being approximately 50/60 admissions through the ED, RVH, there would be a further 15/25 admission from other hospitals for regional services and the service has to allow for this capacity on a daily basis. In relation to the 12 hour ED performance, in May the RVH had approximately 950 patients and a further 170 at the Mater had waited over 12 hours. This is a really poor experience for those patients. Dr Armstrong wished to apologise to these patients and emphasised the service has been overwhelmed with demand. A lot of efforts in the last few weeks have been spent trying to maximise the discharge pathways and flow. This has meant ensuring maximum use of community beds and community flows, and ensuring all appropriate paper work is completed. However, the system continues to be under significant pressure. Many of these patients have delayed attending ED due to the pandemic and their condition has deteriorated others are attending because they are unable to access their local GP.

Dr Armstrong explained in order to address these issues there is a need for discussion between Primary Care regarding their pathways and dynamics; Secondary Care and the Trusts links into community and protecting regional services.

Mr McNaney asked if these conversations were not being taken forward through the No More Silos work.

Dr Armstrong advised there are investment challenges with the No More Silos work. He further advised the benefits of the No More Silos will only be achieved if all initiatives are fully implemented, to date there has been a staggered approach. Individual Trust have taken different sections of NMS agenda. He further advised there was a need to evaluate all the proposals under the NMS and as funding is limited prioritise initiatives regionally.

In response to a question from Mr McNaney, Dr Jack advised the Rebuilding Management Board had agreed the need to prioritise the 10 elements of NMS that would provide the biggest impact for patients that are waiting in ED. To agree the changes that can be achieved within the financial resource available. She emphasised the importance of balance within the system to provide unscheduled care alongside the demand being faced by the system; against the need to proceed with elective work. It is the balance that needs to be delivered. With the first wave of the pandemic everything was stood down as no one was sure what was coming, during the Surge 3 services had been maintained where possible. Now there is a need to protect the balance, protect the elective and deliver the unscheduled. She welcomed the clarity of the regional unscheduled and regional elective and making sure everyone has line of sight of those things that need to be delivered. BHSCT are undertaking an audit of every single bed to optimise flow.

Dr Jack stated that no patient should be waiting over 12 hours and she too would wish to apologies for this, equally nobody should be waiting on a WL too long. There has been discussion around staff working 7 days and undertaking more theatre lists, Dr Jack emphasised that there is not the staff to do this. She stated that the Trust staff have been tremendous over the last 15 months they have gone over and above, putting their own health at risk, during the pandemic to deliver care. These are the same staff now working in theatres, unscheduled care, on wards, etc. It needs to be recognised what the workforce has already done and are already doing full time jobs, so it is not as simply a matter of saying just work 7 days. Staff need rest, if staff are weary they are going to make mistakes or go off sick. Dr Jack explained that the Trust is being efficient in delivering as much care as possible. She asked that recognition is given to what the Trust staff have already done over the pandemic.

Professor Bradley referred to the QMS presentation and said it would be beneficial to include data on the number of clinics now being delivered virtually. He acknowledged the need for a focused conversation with GP colleagues to address the issues in ED. He further commented on the need for communication with the public to explain that additional investment will not solve the issues. There is an element of more money being needed but the reality is available staff, it will take time to rebuild services.

Mr McNaney acknowledged the issues were enormously complex and emphasised the need for a regional approach to maximise use of capacity available. He emphasised the importance of recognising the regional role of BHSCT within the system.

c. Rural Needs Act 9N) 2020 Annual Monitoring Report

Members approved the Rural Needs Annual Report for 2021, for submission to the Department of Agriculture, Environment and Rural Affairs.

31/21 Resources

a. Finance

Mrs Edward presented the Financial Plan for 2021/22. She was pleased to advise that the Annual Accounts for 2020/21 had been completed and subject to ratification by NIAO, the Trust had achieved its statutory obligation to breakeven. This was despite the substantial deficit the start of the financial year. This had been achieved mainly through non recurrent money available across the Departments of the NI Assembly, some of which came for Covid. There had also been slippage and due to downturned activity there had been some underspends which contributed to the position.

Mrs Edwards noted the fact the Trust achieved breakeven the last two years givens the wrong impression of financial stability. The significant non recurrent funding is masking a very substantial underlying deficit in the Trust. The Trust has raised concerns around the over reliance on non recurrent funding. She referred to the 2021/22 budget settlement of which only 10% has been allocated on a recurrent basis. The budget settlement and the fact that so much to it is non recurrent and so much is required for Covid means that there has been no contribution to the underlying brought forward deficit of £69m. In addition there has been a number of emerging significant inescapable pressures. Therefore the 2021/22 financial year is starting with an opening underlying deficit of £90m. Whilst there is some refinement needed the Trust is facing a considerable deficit and will not be able to achieve breakeven without additional income this year. There is no indication that the 2022/23 financial year will be any better. Therefore any spend committed this year which has a recurrent tail will add to the pressures. All of this is in the context of needing to do more and address waiting lists. The current and future financial settlements will not allow for any inroads to the waiting lists. Whilst there is always room for extra productivity and efficiencies, the gap is so big it is unlikely that any real progress will be achieved without additional investment.

Mrs Edwards noted there will be further discussion at regional level. The scale of the financial deficit means that whilst the Trust will continued to maximise efficiency and productivity this will not address the forecast deficit. Therefore it is clear additional income is needed for NIHSC system.

Mrs Edwards advised she will provide details to a future meeting of comparisons with English, Scottish and Welsh health systems and the fact they highlight the need for additional income for the activity taking into account poverty and other factors in the NIHSC system.

In relation to Capital the Trust had received additional income for backlog maintenance. Mrs Edwards referred to previous discussions about how services need to be reorganised, with the current infrastructure additional capital funding will be required. Some additional funding has been achieved through June Monitoring, this has been due to slippage in schemes in other Departments.

There have been some projections on Covid spend, on the basis of current in formation there will be a shortfall against the funding allocation. Discussions continue with the HSCB.

In concluding Mrs Edwards advised she would keep Trust Board advised throughout the year in relation to regional discussions around new developments and transformation, etc.

b. Scheme of Delegation – Revised

Mrs Edwards presented the Scheme of Delegation, which had been revised to reflect increased delegation limits for a recently appointed Deputy Medical Director.

Members approved the revised Scheme of Delegation.

c. Capital Schemes Update

Mrs Edwards presented a summary update on major capital schemes. She drew particular attention to a key milestone in the Children's Hospital project with tender documents having been issued at the end of May and will be available to the successful PPQ tender applicant. Also the demolition of Bostock House had commenced recently.

Members noted the report.

32/21 Audit Committee Minutes

Mr Smyth presented the minutes of the Audit Committee meeting held on12 January, 2021, which were approved by the Committee on 20 April 2021.

Members noted the minutes.

33/21 Social Care Committee Minutes

Members noted the Social Care Committee minutes of 29 September and 17 November 2020 (Children's Services) and 29 September 2020 (Adult Services).

34/21 Assurance Committee Minutes

Members noted the minutes of the Assurance Committee meeting held on 16 February 2021.

35/21 Any Other Business

No items raised.

36/21 Date of Next Meeting

Members noted the next meeting was scheduled for 2 September 2021.