Muckamore Abbey Hospital Inquiry

Organisational Module 9 – Trust Board

WITNESS STATEMENT OF COLM DONAGHY

I, Colm Donaghy, former Chief Executive Officer within the Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on my own behalf in response to a request for evidence from the MAH Inquiry Panel dated 13 March 2024. The statement addresses a set of questions posed to me relating to the Trust Board of the Belfast Trust (the Trust Board).

2. This is my first witness statement to the MAH Inquiry, though I gave my recollections to assist with the Belfast Trust witness statement provided by Brenda Creaney relating to Module 6b and the Ennis Ward Adult Safeguarding Report.

3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "CD1".

4. The 13 March 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found at Tab 1 in the exhibit bundle.

Qualification, Experience and Position of the Statement Maker

5. I have a BA Degree in Sociology and an MA in Business Strategy. I was the Chief Executive Officer of the Belfast Trust between October 2010 and July 2014. Prior to my appointment as Chief Executive Officer, I did not hold any roles within the Belfast Trust. As Chief Executive Officer I was a member of the Executive Team and the Trust Board.

6. I commenced my professional career as a clerical officer in the Northern Ireland Housing Executive (NIHE) in 1980. During my 12 years in the NIHE I held various posts including Housing Assistant, Housing Officer, Assistant District Manager and District Manager. I joined the Health Service in 1992 as Planning Manager with the Southern Health and Social Services Board and was promoted to Assistant Director in 1994. In 1995 I joined the Craigavon and Banbridge Community Trust as Director of Business and Planning. In 2000 I was appointed Director of Planning in the Southern Health and Social Services Board and in 2002 I was appointed Chief Executive Officer of the Southern Health and Social Services Board. In 2006 I was appointed Chief Executive Officer of the Southern Health and Social Care Trust. In 2009 I was appointed Acting Chief Executive Officer for the Northern Health and Social Care Trust. I was appointed Chief Executive Officer for the Belfast Health and Social Care Trust from 1 October 2010. In 2014 I was appointed Chief Executive Officer of Sussex Partnership NHS Foundation Trust. I retired on 31 March 2017.

Questions for Trust Board Members

Question 1

Please identify:

- **i. The time period in which you were a member of the Trust Board.**
- **ii. Any sub-committee(s) of the Trust Board of which you were a member. Please also outline the composition and remit of any such sub committee(s).**

The time period during which I was a member of Trust Board

7. 1 October 2010 to 30 June 2014.

The sub-committees of Trust Board of which I was a member

8. I was a member of the Charitable Funds Advisory Committee, which is a standing committee of the Trust Board and is comprised of executive and non-executive members of the Board. Its role is to oversee charitable funds in line with guidance in the Trust's Standing Financial Instructions, Departmental Guidance and Legislation.

The composition and remit of each of the sub committees of Trust Board of which I was a member

9. Please see paragraph 8 above.

Question 2

Please explain your understanding of the structures and processes that were in place at Trust Board level for the oversight of MAH. How effective were those structures and processes in ensuring adequate oversight of MAH at Trust Board level?

10. During my time the Trust Board was responsible for setting the strategy for the organisation and trying to ensure it met its objectives while complying with its statutory functions. The Trust structures and processes were designed around services rather than institutions. The oversight area that would have included MAH was within the Directorate of Adult Social and Primary Care. Responsibility for oversight of operational service delivery at MAH was at Service Directorate level with any relevant issues being escalated by the relevant service Director to Executive Team level and potentially to the Trust Board.

11. Beyond the relevant service directors themselves, which would be the normal way for something to be escalated, there were a variety of other potential ways that something could be escalated to the Executive Team or Trust Board. It could be done through the risk management process i.e. by recording on the risk register at service level, and escalating potentially to the corporate risk register if the issue was unable to be dealt with at a local level and assessed as requiring consideration at a corporate level. While the Assurance Committee tended to deal more with

Trust wide oversight, and so received summary reporting on the likes of SAIs, that was always another means of potential escalation. The Assurance Committee was made up of non-executive Directors and attended by Executive Directors. Finally, beyond the normal escalation of issues through the line management structure, someone could raise something directly with senior staff involved in Leadership Walkarounds.

12. Services at MAH, as in other service areas, were managed by a combination of care professionals (doctors, nurses, AHPs and social workers) as well as general managers. The governance processes included performance and risk management, safeguarding for vulnerable adults and management of incidents, including SAIs. The Trust Assurance Framework makes provision for how organisational risk is managed and how assurance is be provided to ensure that the Board's responsibilities were fulfilled. An example copy of the Trust Assurance Framework for the year 2013/14 is exhibited behind Tab 2.

My view of how effective those structures and processes were in ensuring adequate oversight of MAH at Trust Board level

13. During my time as Chief Executive the structures and processes appeared to me to be effective and the processes around risk management, safeguarding and performance management were regularly reviewed and updated if required. The aim of our organisation was to minimise risk, accepting that it could not be eliminated. Health and Social Care organisations are heavily dependent on people. When incidents happen it is important that the organisation is aware, learns from them and reviews procedures and processes to minimise the likelihood of the same mistake happening again.

Question 3

To your recollection, how often was MAH included on the agenda of:

- **i. Meetings of the Trust Board.**
- **ii. Meetings of the Executive Team.**

14. The Executive Team met weekly. It was attended by all operational Directors. The purpose of the meetings was to operationally monitor performance against objectives, identify areas for improvement, ensure governance standards were being adhered to and keep the Trust Board informed of any significant variance from agreed strategic objectives.

15. The Trust Board met bi-monthly. It was attended by Non-Executive and Executive Directors, and was responsible for setting the Belfast Trust's strategic aims and ensuring the necessary financial and human resources were in place to meet its objectives. It reviewed performance against agreed targets and sought assurance on their successful delivery. It also ensured accountability to the public for the Belfast Trust's performance and provided assurance that the organisation was managed with probity and integrity.

16. All of these governance and management processes, about which the Trust Board sought and received assurance, had an indirect effect on MAH, just as they had on the other hospitals and services within the Belfast Trust. In this context the areas that were relevant to MAH that were discussed at Executive Team and Trust Board meetings, similar to other services, were those that were included in the performance objectives. In relation to MAH this included resettlement of patients from MAH into community settings. This objective was set by the Department of Health following publication of the Bamford Report, which included the aim of ensuring that no patients should be accommodated in long stay hospitals as their home.

17. The Trust Board did receive a confidential briefing from the then Director of Adult and Primary Care Services on the 11 April 2013 about suspected abuse of patients by two staff in MAH. A copy of those Minutes is exhibited at Tab 3 in the exhibit bundle.

Question 4

Did you have occasion to visit the MAH site during your time on the Trust Board? If so, please indicate how often and outline the objectives of the visit(s).

18. During my time as Chief Executive I tried to dedicate time each week to visit different services operated by the Belfast Trust. I would try to block out half a day in my diary, although it was not always possible to make visits each week. Given the breadth of services provided by the Belfast Trust, it was not possible to visit every facility. I was guided by Directors about which services required my attention, or I might have visited a service after an RQIA inspection to attend feedback sessions. If there was some acute issue at a particular facility that required my attention I may have visited that facility multiple times, which meant that I could not visit a new facility that week.

19. From memory I visited MAH on two occasions during my time on the Trust Board. One visit was to the facilities on site for preparing patients for resettlement and to speak to senior staff, including the clinical lead Dr Colin Milliken, who were managing the process. This was in order to get a better understanding of how effectively it was working. The second visit was to some wards in the hospital to speak to staff providing care, as well as a user group made up of patients in the Hospital, called Telling It Like It Is (TILII). I can no longer recall when that meeting took place although the purpose of the meeting was to discuss resettlement of patients.

Question 5

Did the Trust Board receive reports on the following (and if so, please indicate how often):

- **i. Safeguarding of patients at MAH.**
- **ii. Seclusion rates at MAH.**
- **iii. Complaints relating to MAH.**
- **iv. Resettlement of patients from MAH.**
- **v. Staffing (both establishments and vacancies) at MAH.**

Reports on the Safeguarding of patients at MAH

20. I am not aware of the Trust Board receiving reports of this kind specific to MAH, or indeed other locations in the Belfast Trust. The Trust Board did receive a presentation on 5 June 2014 about Safeguarding in the Belfast Trust. A copy of the presentation slides is exhibited behind Tab 4 in the exhibit bundle. Given the nature of the Trust Board's functions, I would not have expected it to receive reports relating specifically to MAH, or any other specific service area, unless those concerns had been specifically escalated as being matters of concern that required attention.

Reports on seclusion rates at MAH

21. I cannot recall receiving reports on seclusion rates, whether about MAH or elsewhere. As above, reports relating to a particular service or facility would not have been usual, unless that service or facility had been escalated as requiring attention. Issues such as seclusion rates would have been monitored at Directorate level with any serious concerns being noted on the Directorate risk register and escalated if required.

Reports on Complaints relating to MAH

22. As above, complaints arising from one particular facility would not have been raised at the Trust Board unless there was some specific reason they needed to be considered. Complaints across the Belfast Trust would have been included in general complaints reporting. Written complaints were dealt with within Directorates and signed off by the relevant Director on behalf of the Chief Executive, and would not have been dealt with at Trust Board level unless there had been some reason to escalate to that level.

Reports on Resettlement of patients from MAH

23. Resettlement of Learning Disability and Mental Health patients was one of the Belfast Trust's strategic objectives. During my time as Chief Executive, the Executive Team received a number of reports on the resettlement of patients. This included, amongst other things, 'Performance Scorecards' that tracked the Belfast Trust's performance against a number of key targets. I have exhibited a sample of these Scorecards behind Tab 5 in the exhibit bundle. This reporting was not specific to MAH, but related to the entire Directorate responsible for the resettlement of Learning Disability and Mental Health patients. The Scorecards would be raised at Trust Board as well, so both the Executive Team and Trust Board were made aware of the Belfast Trust's performance on resettlement of Learning Disability patients generally (not only those at MAH) against the Belfast Trust's targets.

Staffing (both establishments and vacancies) at MAH

24. I do not recall MAH-specific reporting on these areas to Trust Board, which is the same for other service areas of the Trust. These would have been monitored at Directorate and service level with any serious concern escalated through the risk management processes.

Question 6

If the Trust Board did receive reports on the matters set out in 5 (i)-(v) above, please explain:

- **i. Who prepared those reports?**
- **ii. Was the information received sufficient to facilitate effective intervention by the Trust Board, if that was required?**
- **iii. Was the information received monitored over time by the Trust Board? If so, how was it monitored?**

25. As I have said above, the Trust Board would not have received regular reports on most of the matters set out in Question 5 above, unless there had been some reason for those matters to be specifically raised at that level. The issue of resettlement was regularly reported to the Executive Team and Trust Board

through Performance Scorecards. Those documents were prepared by the Directorate of Planning, Performance and Informatics in co-operation with the Directorate of Adult Social and Primary Care. They were presented to the Executive Team by exception i.e. if not meeting the objective, and to the Trust Board at each of its meetings.

26. The Scorecard tracked performance across a wide range of strategic objectives throughout the Belfast Trust's Directorates, although the information was set out such that performance against the target in question could be easily evaluated.

27. Given the passage of time I cannot be precise about when exactly this reporting began, although I do recall that performance against these targets was regularly reviewed so that progress could be monitored.

Question 7

Please provide details of any occasions on which you became aware of concerns relating to the matters set out in question 5 (i)-(v) above and describe your recollection of action taken at Trust Board level to address any such concerns.

28. Please see response to Question 3 regarding potential abuse at MAH. I was probably made aware of the potential abuse of patients in MAH by the then Director, Catherine McNicholl, in or around November/December 2012, as it would be the type of issue that I would be informed about, likely for information purposes ie. the Director would tell me about it, but would also tell me that the situation was being managed, and steps were being taken. I cannot at this remove of time remember the detail of any conversations.

29. I received correspondence dated 1 February 2013 from Glenn Houston, who was then the Chief Executive of RQIA, in relation to an unannounced inspection at MAH on 29 January 2013 that concerned adult safeguarding. I believe that Mr Houston also sent me, around the same time, a copy of RQIA's Ennis Ward Inspection

Report from November 2012. I believe that I sent the latter report to Catherine McNicholl as she would have been responsible for addressing RQIA's concerns. I believe that Mr Houston's correspondence elicited a response from the Belfast Trust that dealt with the 4 areas of concern raised in the inspection report, although I do not recall at this remove how and by whom that response was formulated.

30. The Director of the Directorate in which MAH was situated was aware of the situation and it was primarily the responsibility of the Directorate to ensure that improvements in line with RQIA recommendations were implemented. If there was any concern about the Directorate's ability to manage the situation, those concerns could have been raised to Trust Board level.

31. I can see from the Trust Board minutes of 11 April 2013 that Catherine McNicholl briefed the Trust Board about the fact that two MAH staff were facing potential prosecution for the alleged ill treatment of patients. This arose from the issues on the Ennis ward. I am afraid I cannot now remember the matter in any more detail.

32. One of the ongoing difficulties and concerns with resettlement was the availability of appropriate community-based solutions for the remaining patients in MAH. There was an insufficient number of placements that could provide the appropriate high level of care required for the more complex patients. Further, while I don't think any individual patient was not resettled because of cost, cost issues for individual placements had to be properly addressed to ensure the Belfast Trust could be said to have complied with its public accounting duty to secure "best value for money". The Belfast Trust engaged with the housing, private and voluntary sector to try secure the best solutions to meet its resettlement objectives. Ultimately, the key issue in my time was, and I understand still is, the availability of adequate and appropriate infrastructure in the community to properly provide for and support the most complex patients, many of whom resided in MAH. This was unfortunately something Belfast Trust could not itself resolve.

Question 8

What arrangements were in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also describe your recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.

The arrangements in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH?

33. The Trust Board monitored staffing levels across the organisation and received reports at each of its meetings. Each Directorate and Service was responsible for workforce monitoring and escalated issues if required through the risk management process. It was the responsibility of the individual Directorate to escalate matters of concern for consideration at Trust Board level.

My recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.

34. I am not aware of any Trust Board specific actions.

Question 9

Did the Trust Board's approach to cost savings and efficiencies in relation to MAH differ from the approach taken to other service areas within the Trust? If so, please explain how and why it differed.

35. At this remove of time, I am unable to recall the detail of the approach taken to cost savings and efficiencies, other than in general terms. I imagine the Director of Finance would be able to provide some further insight into this question. I do not believe that MAH was treated any differently to other Belfast Trust services, although I cannot be certain about the detail given the passage of time.

Question 10

From 2010 onwards, following bed closures at MAH:

- **i. How did the Trust Board assure itself that the reorganisation of wards was safe?**
- **ii. Were concerns about ward staffing (both establishments and vacancies) at MAH raised with the Trust Board? If so, please describe your recollection of any actions taken by the Trust Board to address those concerns.**

36. The responsibility for reorganising wards lay with the Directorate of Adult Social and Primary Care. The Trust Board is not involved in the reorganisation of wards within specific sites in the Belfast Trust unless that question is raised to Trust Board level by the Director of the Directorate in which the ward is situated. I do not recall any concerns being raised to Trust Board level on the question of ward reorganisation.

37. The Directorate was able to raise risks to a corporate level if it was considered that ward reorganisation posed either a risk to the corporate aims of the Belfast Trust, or if the risks could not adequately be managed within the Directorate. I do not recall any serious risks being escalated to the Trust Board in respect of staffing levels.

Question 11

Were any issues relating to MAH ever included in:

- **i. The Delegated Statutory Functions Report?**
- **ii. The Corporate Risk Register?**

If so, please describe the issues that were included. Please also explain your recollection of whether those issues were discussed at Trust Board meetings.

38. The Trust Board considered the Delegated Statutory Functions Report annually. For instance, see the minutes of the Trust Board meeting of 6 June 2013 exhibited

behind Tab 6 in the exhibit bundle. The report covered all services within the Belfast Trust, including Learning Disability. I am afraid I do not now recall whether a concern about MAH was ever specifically raised in the Delegated Statutory Functions Report, although I understand the reports are available and have been provided to the MAH Inquiry, so they will show what was said. I do recall that narrative detail on the area of Learning Disability was always provided.

39. The Corporate Risk Register contained a number of risks relating to Mental Health and Learning Disability, although I do not recall whether it contained any risks pertaining to MAH specifically. I believe that resettlement was identified as a corporate risk although I cannot be precise about when.

Question 12

Were SAIs which occurred at MAH always reported to the Trust Board? If so:

i. **What information did the Trust Board receive in respect of SAIs?**
ii. **Were SAIs discussed at Trust Board meetings?**
iii. **What actions did the Trust Board take in response to SAIs?**

40. All SAIs were reported through the SAI Report to the Assurance Committee, membership of which included all non-executive directors of the Board and it was also attended by Executive Directors. SAIs were managed across Directorates.

Question 13

How did the Trust Board consider and respond to inspection reports relating to MAH prepared by RQIA? How did the Trust Board assure itself that any required actions were addressed within the timeframe of any Improvement Notices?

41. RQIA inspected and prepared reports in respect of a wide range of facilities throughout the Belfast Trust. Those reports are routinely managed by the Director of the service area in question. The Trust Board did not routinely consider or respond to inspection reports from RQIA in relation to individual service areas, unless there was some reason that a particular inspection report had to be

escalated to Trust Board level. I do not recall the Trust Board considering any RQIA reports relating to MAH during my time on the Trust Board.

Question 14

Did the Trust Board ever escalate issues related to MAH, or formally correspond with DoH, in relation to problems such as staffing shortages or challenges around resettlement? Please provide your recollection of what, if any, issues were escalated and what the outcome of that escalation was.

42. I do not recall the Trust Board formally corresponding with the DoH on those issues. That is not normally how matters would be addressed. As Chief Executive, I would have attended Accountability Review meetings with the Permanent Secretary. I am afraid I cannot now recall whether MAH was ever discussed in those meetings.

Question 15

Do you recall the Trust Board ever discussing the installation and operation of CCTV at MAH? If so, please give details.

43. I have no recollection of the installation of CCTV being discussed at the Trust Board, whether in relation to MAH or any other Belfast Trust site.

Question 16

Other than as addressed in responses to the questions above, please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Trust Board level to address such concerns?

44. I cannot remember any other occasion, apart for those outlined in Question 3, where I was made aware of abuse of patients by staff at MAH.

Question 17

Were you aware of the Winterbourne View scandal in England and the Transforming Care work undertaken by the NHS? If so, what was your view of the subsequent steps to reduce hospital beds in England, and the associated initiatives such as STOMP ("stopping over medication of people with a learning disability, autism or both")? Did you or the Board consider whether similar initiatives should be applied in Northern Ireland? If not, why not?

45. I was aware of the Winterbourne View scandal, but I do not now remember the context as to how I became aware. I don't recall it being an item of specific discussion at Trust Board, and I am afraid I cannot remember if I received correspondence about it from the DHSSPS. I anticipate it may well have been a subject of interest within Learning Disability services, but I cannot speak to that myself.

Question 18

Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

46. No

Declaration of Truth

47. The contents of this witness statement are true to the best of my knowledge and belief. I have, to the best of my ability, either exhibited or referred to the documents which, collectively, I believe are necessary to address the matters on which the MAH Inquiry Panel has requested me to give evidence.

Signed: **Colm Donaghy**

Dated: **14 June 2024**

Com Donaghy Organisational Module 9 Exhibit Bundle “CD1”		
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Muckamore Abbey Hospital Inquiry

MAHI Team
1st Floor
The Corn Exchange
31 Gordon Street
Belfast
BT1 2LG

13 March 2024

By Email Only
Mr Colm Donaghy
Former Chief Executive Officer BHSCT

Dear Mr Donaghy

Re MAHI Organisational Modules 2024: Request for Witness Statement

The Inquiry is currently preparing for the final phase of evidence. Please see enclosed a document summarising the ten organisational modules to be heard in this phase: Organisational Modules 2024.pdf (mahinquiry.org.uk).

It is anticipated that the Inquiry will hear evidence in respect of these modules in September and October 2024.

The purpose of this correspondence is to issue a request, in the first instance, for a statement from you that will assist the Inquiry in this phase of evidence. It should be regarded as a request by the Inquiry Panel for the purposes of Rule 9 of the Inquiry Rules 2006.

The Inquiry understands that you were Chief Executive for BHSCT between 2010 and 2014.

You are asked to make a statement for the following module:

M9: Trust Board

I have also enclosed for your attention a copy of the Inquiry's Terms of Reference. You will note that the module in respect of which you are asked to make a statement is primarily concerned with the evidence of those in key positions of responsibility for MAH, past and present, at Trust Board level.

Please find enclosed a set of questions for Trust Board members that the Panel wish to be addressed in your statement ("Questions for Trust Board Members"). It would be helpful if you could address those questions in sequence in your statement. If you

do not feel that you are in a position to assist with a particular question, you should indicate accordingly and explain why that is so.

Please note that, while the Inquiry has received and heard a considerable body of evidence about the relevant systems and processes that were in place during the timeframe of the Terms of Reference, the Inquiry will now be focusing primarily on the *adequacy and effectiveness* of those systems and processes.

Please see enclosed a Statement Format Guide that will assist with the presentation of your statement. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

You are requested to furnish the Inquiry with your completed statement by 27 April 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

https://mahinquiry.box.com/s/5lzsj3nwl85b1u9f7c4vf3iqxp7chn8u

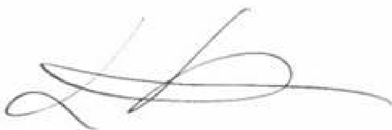
Should you have any issues accessing BOX please email info@mahinquiry.org.uk and a member of the team will assist you.

Statements made for the purpose of the organisational modules will be published on the Inquiry's website.

As noted above, it is anticipated that evidence in these modules will be heard by the Inquiry in September and October 2024. If there are any dates in those months on which you will be unavailable to attend the Inquiry to give evidence, please inform the Inquiry as soon as possible by emailing the Inquiry Secretary jaclyn.richardson@mahinquiry.org.uk.

If you have any queries about this correspondence, please do not hesitate to contact me.

Yours faithfully



Lorraine Keown
Solicitor to the Inquiry

Encs:
1. Outline of Organisational Modules April – June 2024: Organisational Modules 2024.pdf (mahinquiry.org.uk).
2. MAHI Terms of Reference.
3. OM2024 Statement Format Guide.
4. Questions for Trust Board Members.

M9: Trust Board
Questions to be Addressed in Witness Statement

Questions for Trust Board members

1. Please identify:

   i. The time period in which you were a member of the Trust Board.
   ii. Any sub-committee(s) of the Trust Board of which you were a member. Please also outline the composition and remit of any such sub-committee(s).

2. Please explain your understanding of the structures and processes that were in place at Trust Board level for the oversight of MAH. How effective were those structures and processes in ensuring adequate oversight of MAH at Trust Board level?

3. To your recollection, how often was MAH included on the agenda of:

   i. Meetings of the Trust Board.
   ii. Meetings of the Executive Team.

4. Did you have occasion to visit the MAH site during your time on the Trust Board? If so, please indicate how often and outline the objectives of the visit(s).

5. Did the Trust Board receive reports on the following (and if so, please indicate how often):

   i. Safeguarding of patients at MAH.
   ii. Seclusion rates at MAH.
   iii. Complaints relating to MAH.
   iv. Resettlement of patients from MAH.
   v. Staffing (both establishments and vacancies) at MAH.

6. If the Trust Board did receive reports on the matters set out in 5 (i)-(v) above, please explain:

   i. Who prepared those reports?
   ii. Was the information received sufficient to facilitate effective intervention by the Trust Board, if that was required?
   iii. Was the information received monitored over time by the Trust Board? If so, how was it monitored?

7. Please provide details of any occasions on which you became aware of concerns relating to the matters set out in question 5 (i)-(v) above and describe your recollection of action taken at Trust Board level to address any such concerns.

8. What arrangements were in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also describe your recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.

9. Did the Trust Board's approach to cost savings and efficiencies in relation to MAH differ from the approach taken to other service areas within the Trust? If so, please explain how and why it differed.

10. From 2010 onwards, following bed closures at MAH:

    i. How did the Trust Board assure itself that the reorganisation of wards was safe?
    ii. Were concerns about ward staffing (both establishments and vacancies) at MAH raised with the Trust Board? If so, please describe your recollection of any actions taken by the Trust Board to address those concerns.

11. Were any issues relating to MAH ever included in:

    i. The Delegated Statutory Functions Report?
    ii. The Corporate Risk Register?

    If so, please describe the issues that were included. Please also explain your recollection of whether those issues were discussed at Trust Board meetings.

12. Were SAIs which occurred at MAH always reported to the Trust Board? If so:

    i. What information did the Trust Board receive in respect of SAIs?
    ii. Were SAIs discussed at Trust Board meetings?
    iii. What actions did the Trust Board take in response to SAIs?

13. How did the Trust Board consider and respond to inspection reports relating to MAH prepared by RQIA? How did the Trust Board assure itself that any required actions were addressed within the timeframe of any Improvement Notices?

14. Did the Trust Board ever escalate issues related to MAH, or formally correspond with DoH, in relation to problems such as staffing shortages or challenges around resettlement? Please provide your recollection of what, if any, issues were escalated and what the outcome of that escalation was.

15. Do you recall the Trust Board ever discussing the installation and operation of CCTV at MAH? If so, please give details.

16. Other than as addressed in responses to the questions above, please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Trust Board level to address such concerns?

17. Were you aware of the Winterbourne View scandal in England and the Transforming Care work undertaken by the NHS? If so, what was your view of the subsequent steps to reduce hospital beds in England, and the associated initiatives such as STOMP ("stopping over medication of people with a learning disability, autism or both")? Did you or the Board consider whether similar initiatives should be applied in Northern Ireland? If not, why not?

18. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

BOARD ASSURANCE FRAMEWORK

2013-2014

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1. Introduction

The Board of Directors of the Belfast HSC Trust (The Board) has a responsibility to provide high quality care, which is safe for patients, clients, young people, visitors and staff, and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance Framework is an integral part of the governance arrangements for the Belfast HSC Trust and should be read in conjunction with the Corporate Plan.

The Assurance Framework (and Principal Risk Document) describes the organisational objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This framework should provide the Board with confidence that the systems, policies, and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

The Directors of the Belfast HSC Trust have:

- Defined Corporate objectives[1];
- Identified principal risks that may threaten the achievement of those objectives;
- Controls in place to manage these risks, underpinned by core Controls Assurance Standards;
- Explicit arrangements for obtaining assurance on the effectiveness of existing controls across all areas;

[1] Belfast Health and Social Care Trust – Corporate Management & Delivery Plans

On an ongoing basis the Board will:

- Assess the assurances given;
- Identify where there are gaps in controls and/or assurances;
- Take corrective action where gaps have been identified; and
- Maintain dynamic risk management arrangements including, crucially, a regularly reviewed Principal Risk Document.

2. Strategic Context

In order to produce the outcomes for which the Department of Health, Social Services and Public Safety (the Department) is ultimately responsible, a strong partnership is required between the Department and those HSC organisations which commission and deliver the services that lead to those outcomes. The objectives of both partners are therefore inextricably linked.

The Minister's ***Transforming Your Care***[a] together with the ***Commissioning Plan Direction and Indicators of Performance Direction*** and the HSCB/PHA annual Commissioning Plan reflect the focus on reform and modernisation of services within the context of the resources available to the Department, as well as the attainment of efficiency targets, and together they form an action plan for the HSC.

The Trust Delivery Plan (TDP) describes how the Belfast Trust plans to use its resources to deliver health and social care services to patients, clients, children and young people, carers and families, and presents the Trust's proposals for addressing the reform and modernisation agenda and for meeting the efficiency programme targets.

3. Objective Setting

The Trust's Corporate Plan sets out the vision and purpose, core values and long term corporate objectives that will shape the strategic direction and priorities for the Trust over the next 3 – 5 years.

The Trust has five long term corporate objectives. These are:

- To provide safe, high quality and effective care;
- To modernise and reform our services;
- To improve health and wellbeing through engagement with our users, communities and partners;
- To show leadership and excellence through organisational and workforce development;
- To make the best use of our resources to improve performance and productivity.

The Corporate Plan and the Trust Delivery Plan set out annual targets to progressively deliver these corporate objectives.

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[a] http://www.dhsspsni.gov.uk/tyc
[b] http://www.dhsspsni.gov.uk/index/hss/priorities_for_action.htm

The Trust Delivery Plan is developed annually as a response to the Department's performance indicators and the commissioning plans of Health and Social Services Boards as expressed in their annual Health and Wellbeing Improvement Plans.

While the Corporate Plan incorporates these Departmental/ commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets under each corporate objective.

The Corporate Objectives and associated annual targets (regional and local) are cascaded throughout the Trust by:

- Directorate Annual Performance Plans;
- Service/Team annual plans;
- Individual objectives.

This process forms an integral part of the Trust's Performance Management and Assurance Framework.

4. What Assurance Means

The Board can properly fulfil its responsibilities when it has a full grasp of the principal risks facing the organisation. Based on the knowledge of risks identified, the Directors will determine the level of assurance that should be available to them with regard to those risks. There are many individuals, functions and processes, within and outside an organisation, that produce assurances. These range from statutory duties (such as those under health and safety legislation) to regulatory inspections that may or may not be HSC-specific, to voluntary accreditation schemes and to management and other employee assurances. Taking stock of all such activities and their relationship (if any) to key risks is a substantial but necessary task.

The Board is committed to the effective and efficient deployment of all the Trust's resources. This will require some consideration of the principle of **reasonable** rather than **absolute** assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

This framework defines the approach of the Board of the Belfast HSC Trust to **reasonable** assurance. It is clear that assurance, from whatever source, will never provide **absolute** certainty. Such a degree of assurance does not exist, and pursuit of it is counter-productive.

5. Accountability

5.1 Accountability to Minister and the DHSSPS

Health and Well Being Investment Plans and Trust Delivery Plans are the main vehicles for conveying where, and by what means, performance indicators, efficiency savings and service improvements will be delivered. The processes to monitor delivery of these form an integral part of the Department's monitoring and accountability arrangements. The Belfast HSC Trust is ultimately accountable to the Minister for Health for the delivery of health and social services to the people of Northern Ireland and for good governance arrangements. Accountability mechanisms include formal reporting against the achievement of service priorities and on financial performance.

5.2 Accountability with the Health & Social Care Board

The Health and Social Care Board and Health and Social Care Trusts are accountable to the public for the services that they commission and provide.

The basis for HSC accountability is the Health and Personal Social Services (Northern Ireland) Order 1972[2] (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department the duty to:

- provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness;
- provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and
- secure the efficient coordination of health and personal social services.

Under Article 16 of the 1972 HPSS Order, the HSS Boards were established for the purpose of administering and providing health and personal social services within their respective areas. This broad remit changed in the early 1990s when the HPSS (NI) Order 1991[3] (augmented by the HPSS (NI) Order 1994[4]) led to the creation of HSS Trusts. The distinction drawn then between the HSS Boards'

[2] S.I.1972/1265 (N.I.14)
[3] S.I. 1991/194 (N.I. 1)
[4] S.I. 1994/429 (N.I. 2)

planning and commissioning of services for their resident populations, and the Trusts' provision of those services, remains but the HSS Boards functions have now been subsumed into those of the single regional Health & Social Care Board (HSCB). The Board was established in April 2009 by the Health and Social Care (Reform) Act (Northern Ireland) 2009 and includes five Local Commissioning Groups (LCGs) coterminous with the Trusts, Public Health Agency (PHA), a Business Services Organisation (BSO) and a Patient and Client Council (PCC).

Regarded from the accountability perspective, there are two broad categories o HPSS activity:

- Category one: those services identified as being needed and commissioned by HSS Boards from Trusts. The volume and quality of which are detailed in Service and Budget Agreements between the commissioner and the providers. This category also includes statutory obligations of Trusts including delegated statutory functions.

- Category two: certain duties to be performed by HSC organisations by virtue of their being public bodies. Such duties cover, for example, financial control (including value for money, regularity and probity), control of capital assets, human resources and corporate governance.

In accountability terms, there are differences between the two categories. In category one, Trusts are, initially answerable to the HSCB, via their Service and Budget Agreements, for the quantity, quality and efficiency of services. This relationship has been strengthened by the introduction of the statutory duty for the quality of services commissioned for, and provided to, the population which applies to both the HSCB and Trusts [5]. In this category, therefore, Trusts are responsible to the HSCB for the delivery of services to the quantity, cost and quality specified in Service and Budget Agreements.

Trusts, as corporate entities, are responsible in law for the discharge of statutory functions. The Trust is accountable to the HSCB for the discharge of those statutory functions delegated by the HSCB (relevant functions) and those conferred directly on Trusts by primary legislation. It is obliged to establish sound organisational arrangements to discharge such functions effectively. The majority of these functions relate to services provided by the Trust's professional Social Work and Social Care workforce.

The Scheme for the Delegation of Statutory Functions (the Scheme) sets out for each Service Sector the statutory duties delegated by the HSCB to the Trust and the accountability arrangements pertaining to these functions.

The Scheme specifies the organisational control and assurance processes informing the Trust's discharge of its statutory functions.

[5] Paragraph 5 of HSS(PPM) 10/2002

The nature and scope of the statutory functions and related services discharged by the Trust give rise to enhanced levels of public scrutiny. These include interventions in matters of personal liberty, the protection of vulnerable children and adults, the Trust's corporate parenting responsibilities, the provision of vital services and the exercise by the Trust of regulatory functions. Their effective discharge is central to organisational integrity. As a consequence, they have a heightened organisational and corporate significance and related assurance profile. The Trust is required to have in place systems that are robust and capable of balancing appropriately the complex issues of protection and care.

The Trust is accountable to the HSCB for the effective discharge of its statutory functions as well as the quantity, quality and efficiency of the related services it provides. The HSCB has the authority to monitor and evaluate such services and requires the Trust to produce an annual report on how it has discharged its relevant functions.

In category two (financial control, governance, and for overall organisational performance etc) the HSCB is accountable directly to the Department. The HSCB may reasonably expect that Trusts, in responding to their commissioning requirements, will be complying with the Departmental directions etc on governance or financial control. The Trust has been identified as a designated body by the General Medical Council and will ensure that this Framework supports the effective delivery of medical revalidation.

6. The Assurance Framework

This Assurance Framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources.

The most objective assurances are those derived from independent reviewers – which will include the Regulation and Quality Improvement Authority, Departmental special inquiries or reviews and Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self-assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

The role of the Courts in the 'regulation' and the holding of the Trust to account with regard to the discharge of its statutory functions is of key importance.

It is important that as information is collated and evaluated across the Trust that this is done in a consistent and efficient way, is proportionate and minimises duplication of work by different reviewers.

This framework provides a structure for acquiring and examining the evidence to support the Statement of Internal Control.

Risk Management

The Belfast Trust will develop a risk management strategy that will be underpinned by its policy on risk (see Appendix A) and explain its approach to acceptable risk.

The Belfast Trust will adopt an open and learning culture that encourages continual quality improvement, but with openness when things go wrong. Processes for managing and learning from adverse incidents, complaints and litigation will be introduced as an immediate priority.

Controls Assurance will remain a key process for the Belfast Trust. The Belfast Trust will identify key Directors to be accountable for action planning against each standard. The results will be used to inform the Trust's red risk register and Principal Risk Document will be mainstreamed with other aspects of the Trust's Delivery Plan through the Assurance Framework.

Organisational Arrangements

Proposed organisational arrangements for governance and assurance are set out in Appendix B. An important element of the Trust's arrangements is the need for robust governance within Directorates. This will be tested through the accountability review process. There are a number of internal and external mechanisms that will support this.

The **Board of Directors** is responsible for:

- Establishing the organisation's strategic direction and aims in conjunction with the Executive Management Team;
- Ensuring accountability to the public for the organisation's performance;
- Assuring that the organisation is managed with probity and integrity.

The membership of the Board of the Trust is defined in the Establishment Order to include the Directors of Social Work, Medicine, Nursing and Finance.

The Audit Committee

The Audit Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors. Its role is to assist the Board in ensuring an effective control system is in operation. This includes the effectiveness of internal financial controls, identifying financial risks, the review of internal and external audit functions and addressing the financial aspects of governance in the Belfast Trust.

The Assurance Committee

The Assurance Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors only. Its role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for the identification of principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Executive Team

The Executive Team is responsible for ensuring that the sequence of performance reports, audits and independent reports, required by the Board of Directors as part of the performance management and assurance processes, is available.

The Executive Team will ensure that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process. Executive Team will prepare and regularly update a Principal Risk Document, which will inform the management planning, service development and accountability review process.

The Assurance Group

The purpose of the Assurance Group is to oversee the work of the assurance/scrutiny committees. The Assurance Group will be responsible on behalf of the Executive Team for developing and maintaining the Assurance Framework, including the Principal Risk Document. It will be responsible for maintaining a programme of self-assessment and independent audit/verification against required standards, other than finance.

Assurance Steering Groups (Appendix B)

These committees report through the Assurance Group to Executive Team. They are generally standing committees that are responsible for co-ordinating the work of the Expert Advisory Committees and for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice.

The Formal Sub-Committees (Appendix B)

These committees report through a Steering Group to the Assurance Group of the Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice. They will also provide expert advice, supporting best practice within Directorates.

7. Accountabilities and Responsibilities for Assurance in the Belfast Health and Social Care Trust

The following section outlines the roles and responsibilities of the Trust Board, Non-Executive Directors, Chief Executive, Directors and Operational Governance leads in respect of Governance. Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities. Good governance means promoting organisational values at all levels, taking informed and transparent decisions, and managing risk; developing the capacity and capability of the Board of Directors to be effective and engage in stakeholders and making accountability real.

The role of the Board

The role of the Board is defined as collective responsibility for adding value to the organisation by directing and supervising the Trusts affairs. It provides active leadership of the organisation within a framework of prudent and effective controls, which enable risks to be assessed and managed. It sets the Trust's strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance. By setting the Trust's values and standards, the Board ensures that the Trust's obligations to patients, the community and staff are understood and met.

The role of the Chair

The Chair has a key leadership role in the assurance framework. He/she provides leadership through his/her chairmanship of the Board and Assurance Committee. He/she works closely with the Chief Executive and other Directors to ensure the effectiveness of the Assurance Framework. The Chair and the Chief Executive will ensure the provision of timely information to Board members and effective communication with staff, patients and the public.

The role of the Non-Executive Directors

Non-Executive Directors will assure themselves and the Trust Board that the Audit Committee and Assurance Committee and related committees are addressing key governance issues within the organisation. Their responsibilities include strategy, by constructively challenging and contributing to the development of strategy; performance, through scrutiny of the performance of management in meeting agreed goals and objectives; risk, by satisfying themselves that financial and other information is accurate and that financial controls and systems of risk management are robust and defensible. Non-Executive Directors are responsible for ensuring the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the Trust.

The role of the Chief Executive

The Chief Executive through his leadership creates the vision for the Board and the Trust to modernise and improve services. He/she is responsible for the Statutory Duty of Quality. He/she is responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. His/her responsibilities include leadership, delivery, performance management, governance and accountability to the Board to meet their objectives and to the Department of Health and Social Services and Public Safety as Accountable Officer.

As Accountable Officer, the Chief Executive has responsibility for ensuring that the Trust meets all of its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility encompasses the elements of financial control, organisational control, clinical and social care governance, Health and Safety and risk management.

The role of the Executive Team

The Executive Team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility. Collectively the Executive Team is responsible for providing the systems, processes and evidence of governance. The Executive Team is responsible for ensuring that the Board, as a whole, is kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

The role of the Deputy Chief Executive/Director of Human Resources

As Deputy he/she both deputises for the Chief Executive and undertakes duties beyond the scope of Human Resources in line with service needs and organisational objective.

The Deputy Chief Executive/Director of Human Resources is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from the Department of Health and other external advisory bodies. Working closely with other Directors he/she maintains a system of monitoring the application of the Trust's Human Resources Strategy, policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

The Trust's Learning and Development function falls within the remit of the Director of Human Resources. As such he/she works with relevant Directors to ensure the system in place meets the educational needs of staff and highlights management and clinical governance processes.

The role of the Director of Finance & Estates

The Director of Finance and Estates is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. He/she is, with the Chief Executive, responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with the Department of Health and Treasury requirements.

The Director of Finance and Estates ensures that, on behalf of the Chief Executive, the Trust has in place systems and structures to meets it statutory and legal responsibilities relating to finance, financial management and financial controls. He/she ensures that the Trust has in place Standing Orders and Standing Financial Instructions, including Reservation of Powers and Scheme of Delegation, which accord with the Department of Health and Social Services model and takes responsibility for the financial management aspect of internal controls.

The Director of Finance and Estates is responsible for ensuring that there are proper systems in place for the maintenance and safe management of all of the Belfast Trust's estates and assets. The Director will carry out risk assessments to identify and prioritise capital expenditure. The Director will ensure that the Belfast Trust meets its statutory obligations with regards to the management of fire safety, and will report annually to the Board of Directors.

The Medical Director – Lead Director responsible for Integrated Governance and Risk Management, including Clinical Governance

The Medical Director is accountable to the Chief Executive for the strategic development of the integrated governance arrangements, including risk management and excluding finance. This responsibility is shared with the Director of Nursing & User Experience, Director of Social Work/Children's Community Services and Director of Finance & Estates.

The Medical Director ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to their area of accountability and that these are based on good practice and guidance from the Department and other external advisory bodies. The Trust is a designated body in respect of medical revalidation and as the Responsible Officer the Medical Director must assure him/her self that systems and processes are in place to effectively deliver revalidation.

The Medical Director ensures the Trust Board receives the relevant information/annual reports required in the Board's information schedule. He/she will ensure that the Chief Executive and the Trust Board are kept appraised of progress and any changes in requirements, drawing to their attention gaps which may impact adversely on the Board's ability to fulfil its governance responsibilities.

As part of the Trust's performance and assurance process, the Director of Performance Planning & Informatics and Medical Director oversee the review and monitoring process covering performance, integrated governance and risk management.

The Executive Director of Nursing and User Experience

The Executive Director of Nursing & User Experience is responsible for advising Trust Board and Chief Executive on all issues relating to nursing and midwifery policy, statutory and regulatory requirements professional practice and workforce requirements. She/he is responsible for providing professional leadership and for ensuring high standards of nursing and patient/client experience in all aspects of service delivery within the Trust. She/he has specific responsibility for the development and delivery of services relating to patient flow, tissue viability, continence, carers, volunteers and chaplains. She/he has specific responsibility, through the Chief Executive, for the development and delivery of high quality non-clinical support services to patients and clients in both hospital and community. She/he has lead responsibility for infection prevention and control with other Directors to ensure patient safety.

The Director of Social Work/Children's Community Services – Lead Director for Governance in Social Services

The Director of Social Work/Children's Community Services is responsible for ensuring the effective discharge of statutory functions across all Service Sectors and the establishment of organisational arrangements and structures to facilitate same. She/he is required to report directly to Trust Board on the discharge of these functions, including the presentation of the annual Statutory Functions Report and six-monthly Corporate Parenting reports.

The Director of Social Work/Children's Community Services provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social work and social care workforce.

The Director of Performance, Planning and Informatics

The Director of Performance, Planning and Informatics is accountable to the Chief Executive for ensuring that a performance and accountability framework suitable for the delivery of the Trust Delivery Plan and Corporate Plan is in place, and ensuring that the Trust operates sound systems of operational performance.

Service Directors

The Service Directors are:-

- Director of Cancer and Specialist Services;
- Director of Specialist Hospitals and Women's Health;
- Director of Social Work/Children's Community Services;
- Director of Adult Social and Primary Care;
- Director of Acute Services;
- Interim Director of Unscheduled Care.

The Service Directors are responsible for ensuring that within their area of responsibility, staff are aware of and comply with the process of sound governance. Each Directorate will establish a Directorate Assurance Committee and develop systems and structures to support the various governance strategies, policies and procedures and ensure these are audited and monitored. Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management and the assurance framework, the Directorate Directors agree with the Chief Executive and the Director of Performance, Planning and Informatics, the objectives and targets for their Directorate, based upon the management plan agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and Directorate performance reviews.

The Directorates are supported and facilitated to meet their governance requirements by their dedicated governance leads and the risk and governance staff of the Medical Director's office.

8. Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow the Board to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services.

The Chief Executive, Director of Finance and Estates, Medical Director and Director of Planning, Performance and Informatics will be responsible for providing the monitoring and support for the Assurance Framework and providing an updated position on performance and governance, the effectiveness of the Trust's system of internal control; providing details of positive assurances on principal risks where controls are effective and objectives are being met; where

the organisation's achievement of its objectives is at risk through significant gaps in control; and where there are gaps in assurances about the organisation's ability to achieve its corporate objectives.

It will be important for the quality and robustness of this Assurance Framework to be evaluated by the Board annually.

Appendix A

RISK MANAGEMENT POLICY STATEMENT (INCORPORATING A DEFINITION OF ACCEPTABLE RISK)

The policy statement outlined below represents the Belfast Trust's corporate philosophy towards risk management. The purpose of this statement is to ensure that our staff and other stakeholders are aware of the Belfast Trust's responsibilities and their individual responsibilities for risk evaluation and control.

Policy Statement:

All staff and contractors must recognise that risk management is everyone's business. All staff will be actively encouraged to identify concerns about potentially harmful circumstances and to report adverse incidents, near misses and mistakes.

The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings. The Belfast Trust will achieve this by maintaining systematic processes for the evaluation and control of risk.

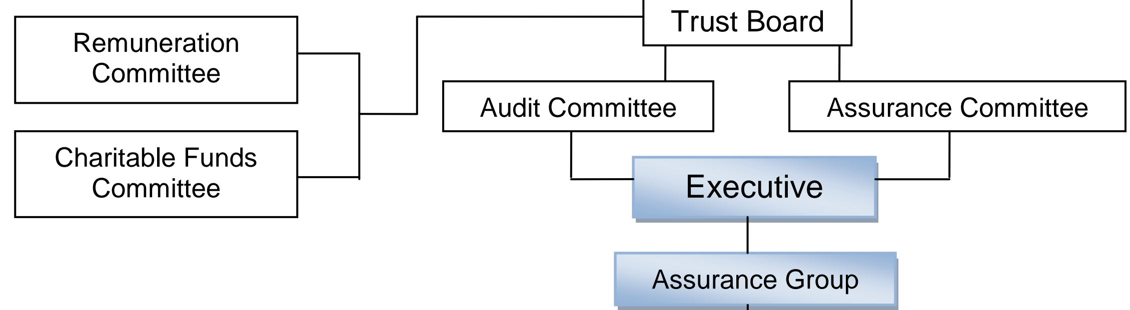
The Belfast Trust recognises that a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives will support this commitment. The Belfast Trust will provide a safe environment that encourages learning and development through *"an open and fair culture"*.

The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable risks through a systematic and objective process. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service.

The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will involve its service users, public representatives, contractors and other external stakeholders in the development and implementation of a risk management strategy.

ASSURANCE SUB-COMMITTEE STRUCTURE

Appendix B



DIRECTORATE ASSURANCE STRUCTURES

Learning from Experience Steering Group

Formal Sub-committees:

- Outcomes Review Group (inc Mortality)
- Claims Review Group
- SAI Group
- External Reports/ Reviews Group
- Complaints Review Group
- Audit / Mortality & Morbidity Directorate Committees

Governance Steering Group

Functions include:
Risk Management
Controls Assurance
Emergency Planning
ICT
Info Governance
Licences
Medical Devices
Water Safety & Usage

Formal Sub-committees:

- Radiation Protection Committee
- Joint Trust H&S Committee

Equality, Engagement & Experience Steering Group

Formal Sub-committees:

- Partnership Forum
- Food & Nutrition Group
- Health & Wellbeing at Work Group
- Patient Experience Group
- PPI Group

Safety & Quality Steering Group

Formal Sub-committees:

- Standards & Guidelines Committee
- Medicines Management Group
- Safety Improvement Team (inc POCC)
- Research Committee
- Clinical Ethics Committee
- Infection Prevention & Control Committee
  - HCAI Improvement Team
- Transfusion Committee
- Resuscitation Committee

Social Care Steering Group

Formal Sub-committees:

- Statutory Functions Review Committee
- Safeguarding Committee
- Local Adult Safeguarding Partnership

Belfast Health and Social Care Trust

Minutes of the Confidential Trust Board Meeting
Thursday 11 April 2013 at 10.00 am
Lecture Rooms, Elliott Dynes, Royal Victoria Hospital

PRESENT:

Professor Eileen Evason	Chairman (Acting)
Mr Colm Donaghy	Chief Executive
Mr Les Drew	Non-Executive Director
Mr T Hartley	Non-Executive Director
Mr J O'Kane	Non-Executive Director
Dr Val McGarrell	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mr Martin Dillon	Director of Finance
Dr Tony Stevens	Medical Director
Mr Cecil Worthington	Director Social Work/Children's Community Services

IN ATTENDANCE:

Mr Brian Barry	Director Specialist Hospitals and Women's Health
Mr Shane Devlin	Director Performance, Planning and Informatics
Mrs Marie Mallon	Deputy Chief Exec/Director of Human Resources
Ms Catherine McNicholl	Director Adult Social and Primary Care
Mrs Jennifer Welsh	Director Cancer and Specialist Services

APOLOGIES:

Ms J Allen	Non-Executive Director
Mr Charlie Jenkins	Non-Executive Director
Mrs Patricia Donnelly	Director Acute Services
Mrs June Champion	Head of Office of Chief Executive (Acting)

Professor Evason welcomed everyone to the meeting with special welcome to Shane Devlin who had recently taken up post.

06/13 Minutes of Previous Meeting

The minutes of the previous meeting held on 14 February, 2013 were approved subject to the following amendment:

Min. 05/13 a. 4th paragraph replace the word "Sandown" with "Sydenham".

07/13 Matters Arising

Min. 05/13 a. Statutory Residential Accommodation for Older People's Homes – Proposed Consultation

Ms McNicholl referred to her report at previous meeting, when she had indicated that she would be bringing a proposal regarding the future of the Statutory Residential Accommodation for Older People's Homes to the April Trust Board meeting, and advised this was being deferred to the public meeting in June.

08/13 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

09/13 Chief Executive's Report

Emerging Issues

a. Paediatric Congenital Cardiac Surgery - Update

Mr Donaghy advised that the Minister would be making a decision on the future of Paediatric Congenital Cardiac Surgery within the near future.

b. RGH Phase 2B: Critical Care Building: Update

Mr Dillon updated members on the replacement of the damaged pipe-work in Phase 2B Critical Care Building and advised that it was likely the building would not be completed until 2014.

In response to a question from Mr Drew, Mr Dillon advised that the Trust was taking legal advice regarding recovery of additional costs.

Mr Hartley asked if risk assessments had been carried out in relation to the extended use of the temporary accommodation.

Mr Dillon advised that the condition of the floor of the temporary A+E building at the RVH was being kept under review and may need some work to be given the delay in the handover of the new Critical Care building.

c. Dental Inquiry – Update

Mr Barry referred to the School of Dentistry Inquiry and advised that the General Dental Council (GDC) case regarding the Consultant Dentist involved had opened in March, but had been adjourned to October 2013.

Members' noted that this case had been the subject of media interest.

09/13 (Contd.)

d. Arms Length Bodies Board Governance Self Assessment 2012/13

Mrs Mallon advised that a draft of the Trust's Arms Length Bodies Board Governance Self Assessment 2012/13 would be presented to the May workshop for members consideration and approval prior to being submitted to the DHSSPS.

e. Bogus Orthopaedic Surgeon

Mr Barry briefed members on case that had received media coverage recently regarding a PSNI investigation into a bogus Orthopaedic Surgeon who had used a Trust address on correspondence with patients.

f. Public Prosecution Cases

Ms McNicholl briefed members on two imminent public prosecution cases which may be the subject of media coverage.

Members were advised that in March 2011 a member of staff from a residential home for people with learning difficulties had been suspended in response to alleged ill treatment of a client. Following a lengthy investigation the Public Protection Unit of the PSNI had handed the file over to the Public Prosecution Service (PPS) who had confirmed they were proceeding to court to seek a prosecution under Article 121 of the Mental Health (NI) Order. The PSNI had also investigated an alleged case of ill treatment of patients in Muckamore Abbey Hospital by two members of staff and they had recommended prosecution to the PPS. It will take some considerable time for the PPS to confirm their decision regarding this incident.

In response to a question from Mr Hartley, Miss McNicholl advised that the Trust had policies and procedures in place in respect of safeguarding vulnerable adults. She further advised that the Trust had to wait for the PSNI to complete their investigations before implementing disciplinary proceedings.

Decision: report of Chief Executive noted

The directors withdrew from the meeting at this stage.

Adult Safeguarding Presentation

Belfast Trust

Definition of a Vulnerable Adult

- *‘ a person aged 18 years or over who is, or may be, in need of community services **or** is resident in a continuing care facility by reason of mental or other disability, age or illness **or** who is, or may be unable to take care of him or herself **or** unable to protect him or herself against significant harm or exploitation’.*

(from: Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance, 2006)

Categories of Abuse

- Physical-(including inappropriate restraint or use of medication)
- Sexual
- Psychological/Emotional
- Financial
- Neglect & Acts of Omission
- Institutional
- Discriminatory
- Human Trafficking

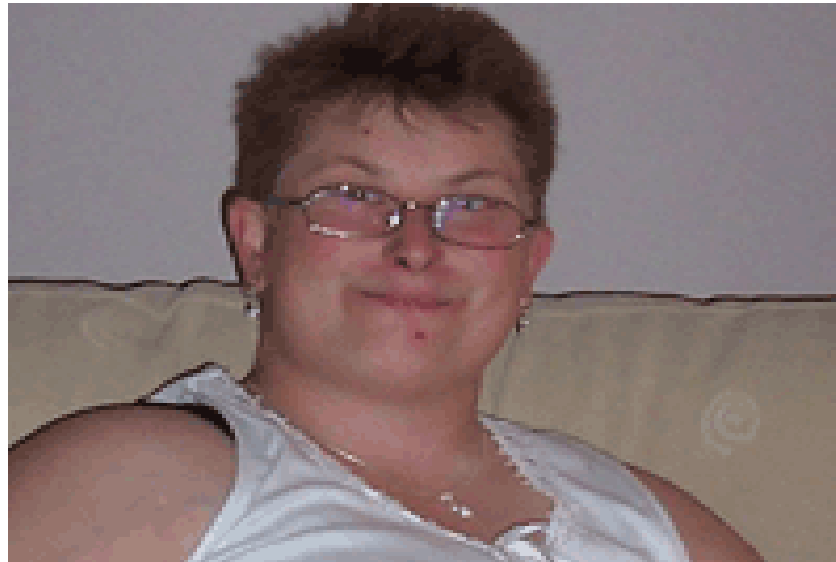
Where can abuse happen?

Trust's apology over abuse of disabled care home patients at Ralph's Close in Derry

Hospitals
“hitting targets but missing the point”

Gemma - murdered, aged 27

"23 missed opportunities by agencies to intervene"



"Caught on camera:

Cruel carer who ate so many of Alzheimer's sufferer's meals that her patient, 70, became malnourished"

Adult Protection and Safeguarding is a Trust and Professional Responsibility

Effective safeguarding is……

- Prevention
  - Early Identification
    - Timely Response
      - Protection

……….Everybody's Business

Belfast Trust Structures to Prevent & Protect

Adult
Safeguarding
Gateway
Team
PHSD/ OPS

PROTECTION

ICTs,
PHSD,
Learning Disability,
Mental Health,
Hospitals
RESWS

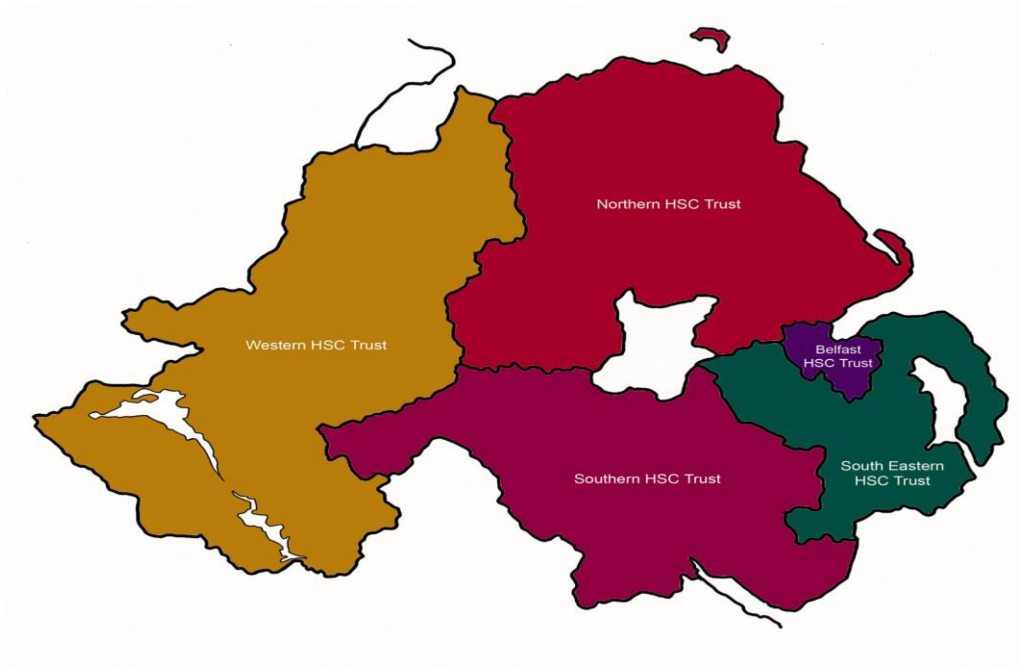
PREVENTION & PROTECTION

Quality
Assurance
Team

PREVENTION

Adult Safeguarding Specialists – Learning and Development
Strategic, Regional & Governance

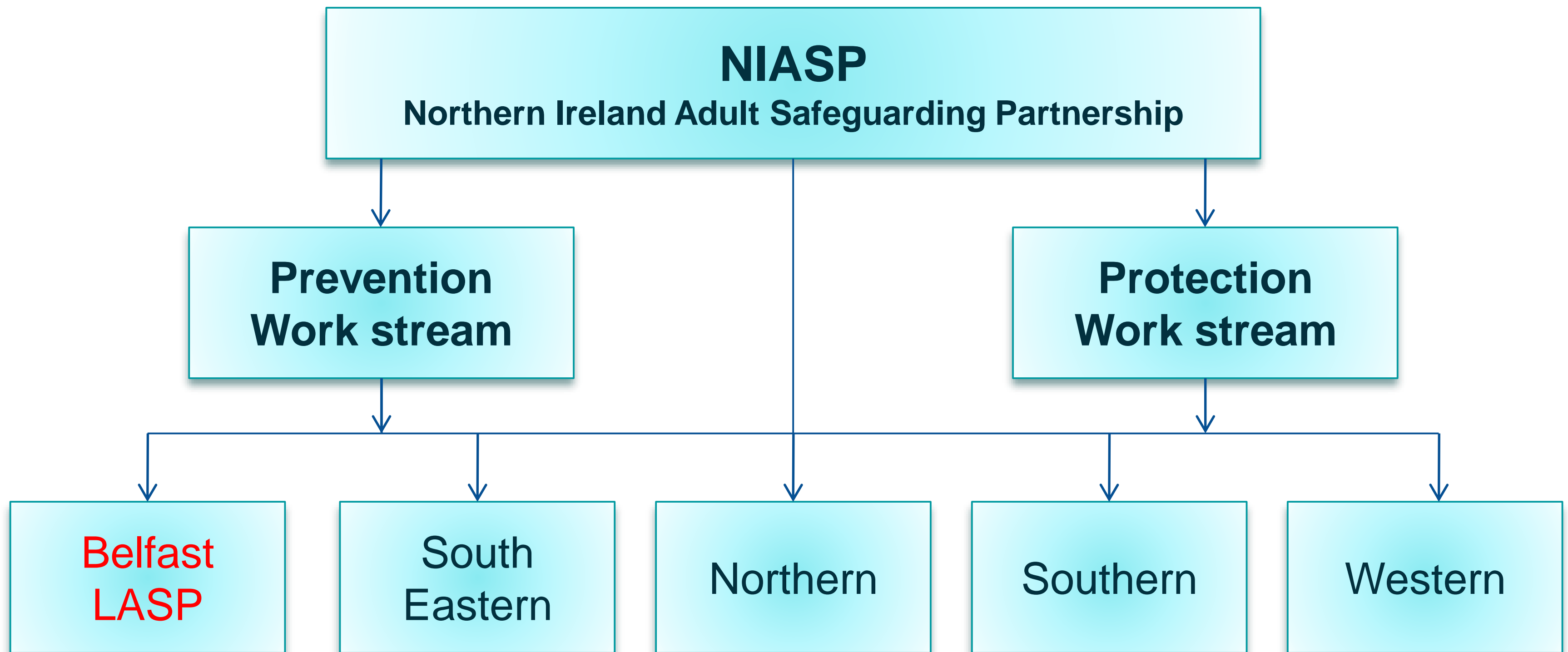
Regional Context



Adult Safeguarding
Setting the Context for Intervention

- Safeguarding Vulnerable Adults Regional Adult Protection Policy & Procedural Guidance (September 2006)
- Regional Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009)
- Achieving Best Evidence in Criminal Proceedings 2012
- RQIA Legislative & Regulatory Requirements in relation to Adult Safeguarding (regulated services include care facilities, supported housing, day centres, domiciliary providers)
- Working Arrangements for the Welfare and Protection of Adult Victims of Human Trafficking (guidance issued by the Department of Justice and the Department of Health, Social Services and Public Safety - October 2012)
- Belfast Trust Adult Protection Policy & Procedures 2010(Reviewed and updated 2013)

Adult Safeguarding Structure in Northern Ireland

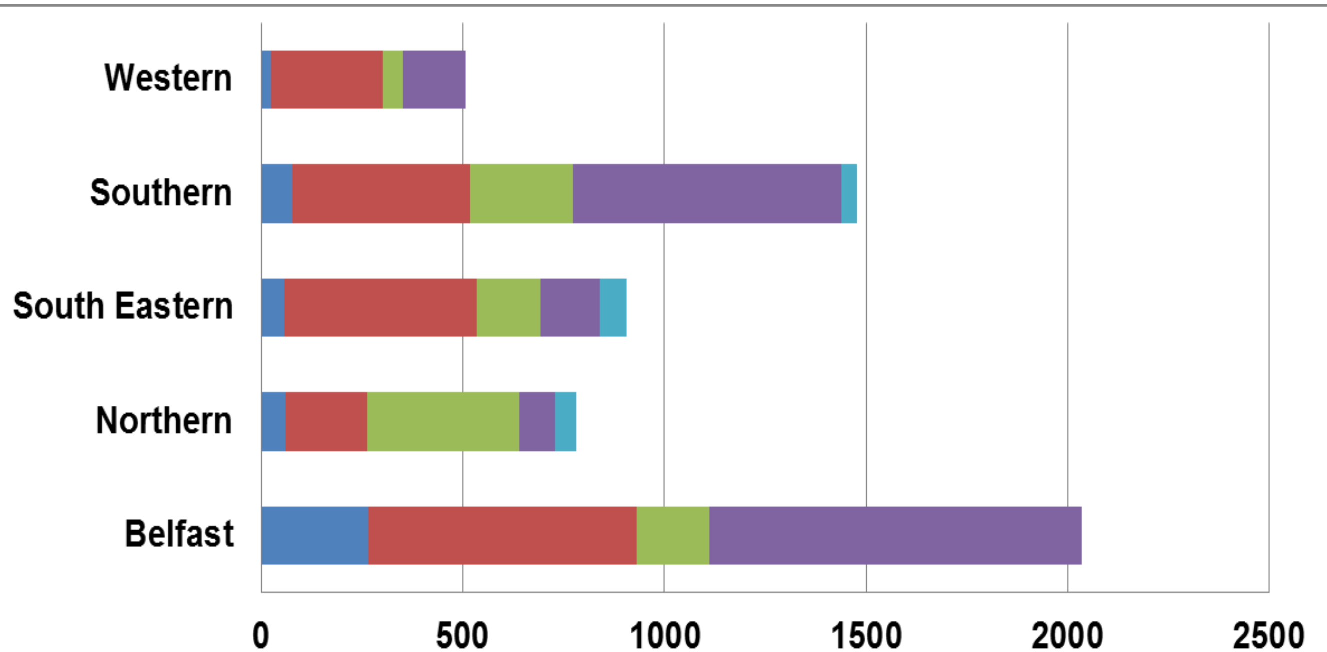


Belfast Local Adult Safeguarding Partnership

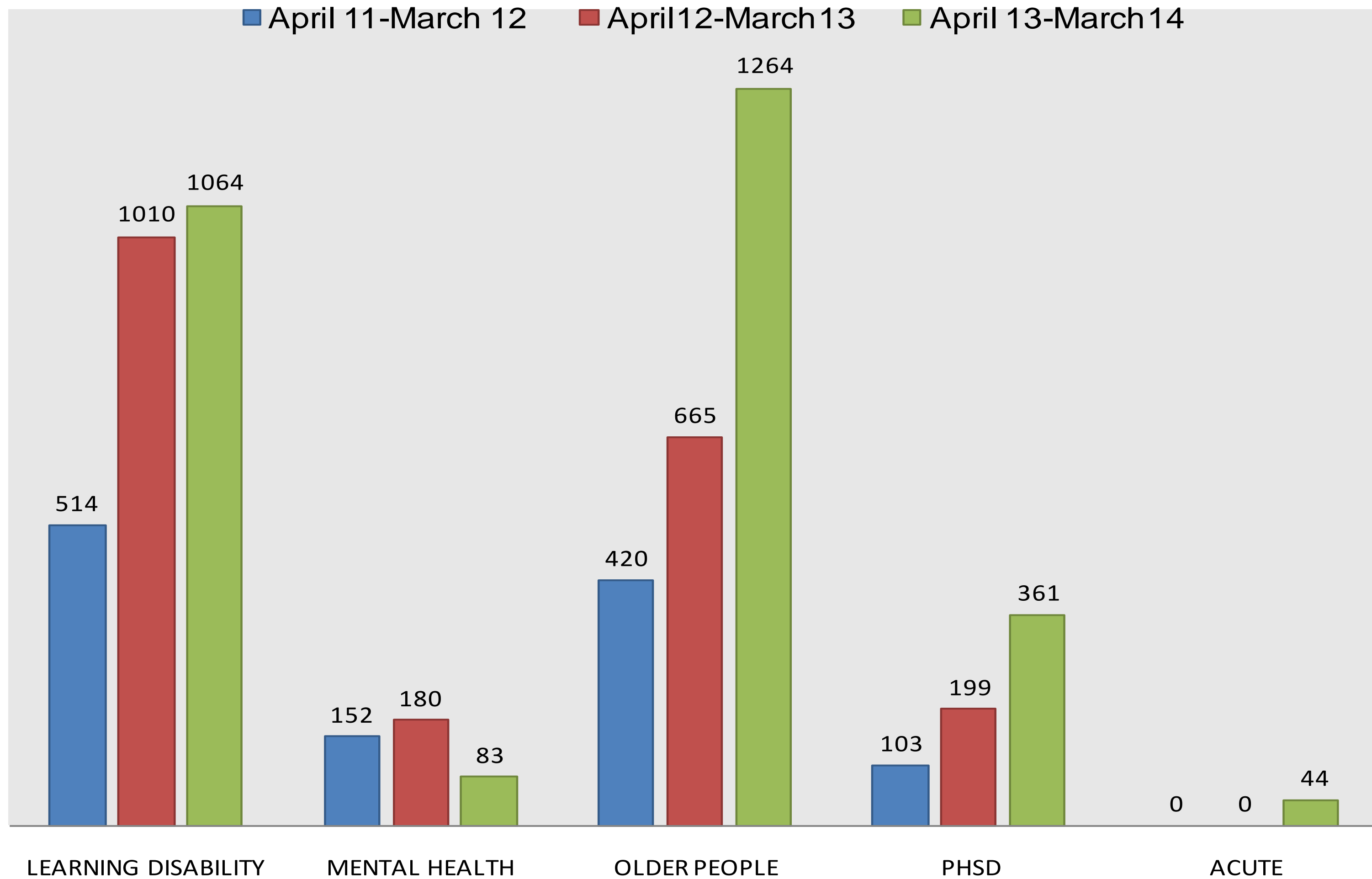
Belfast Health and Social Care Trust

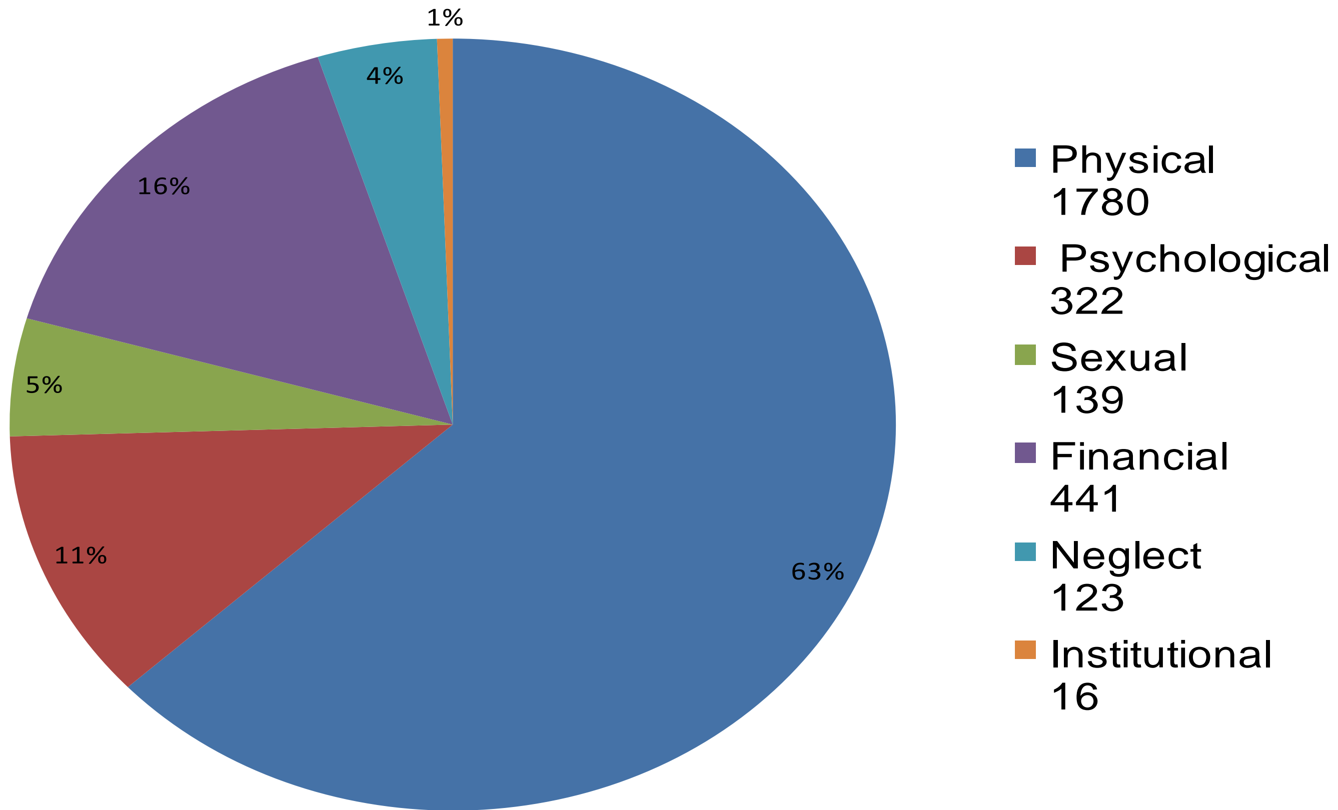
Adult Safeguarding
Activity Levels
Regional and Trust wide

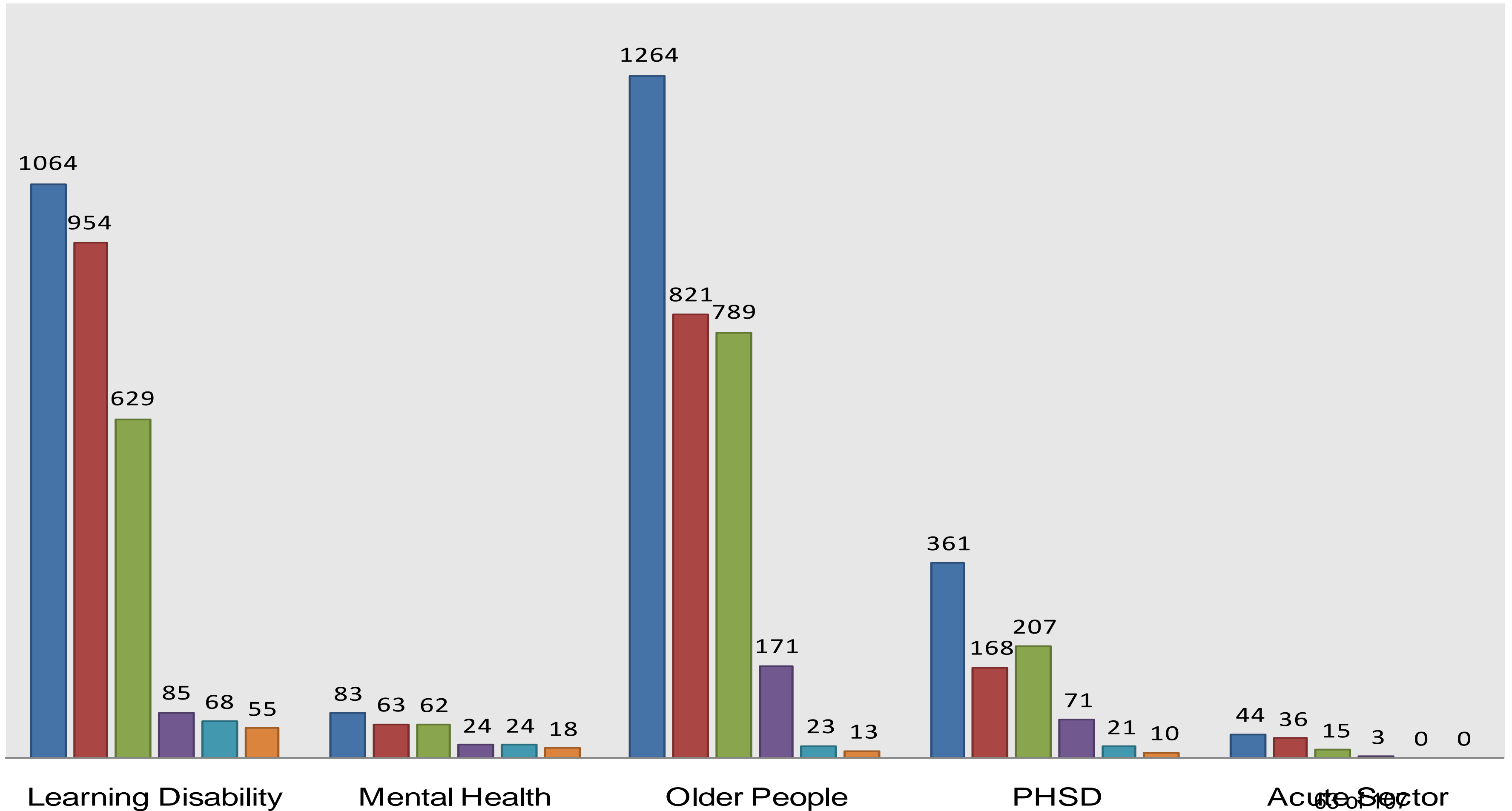
Regional Breakdown of Activity Levels per Trust
April 2012-March 2013

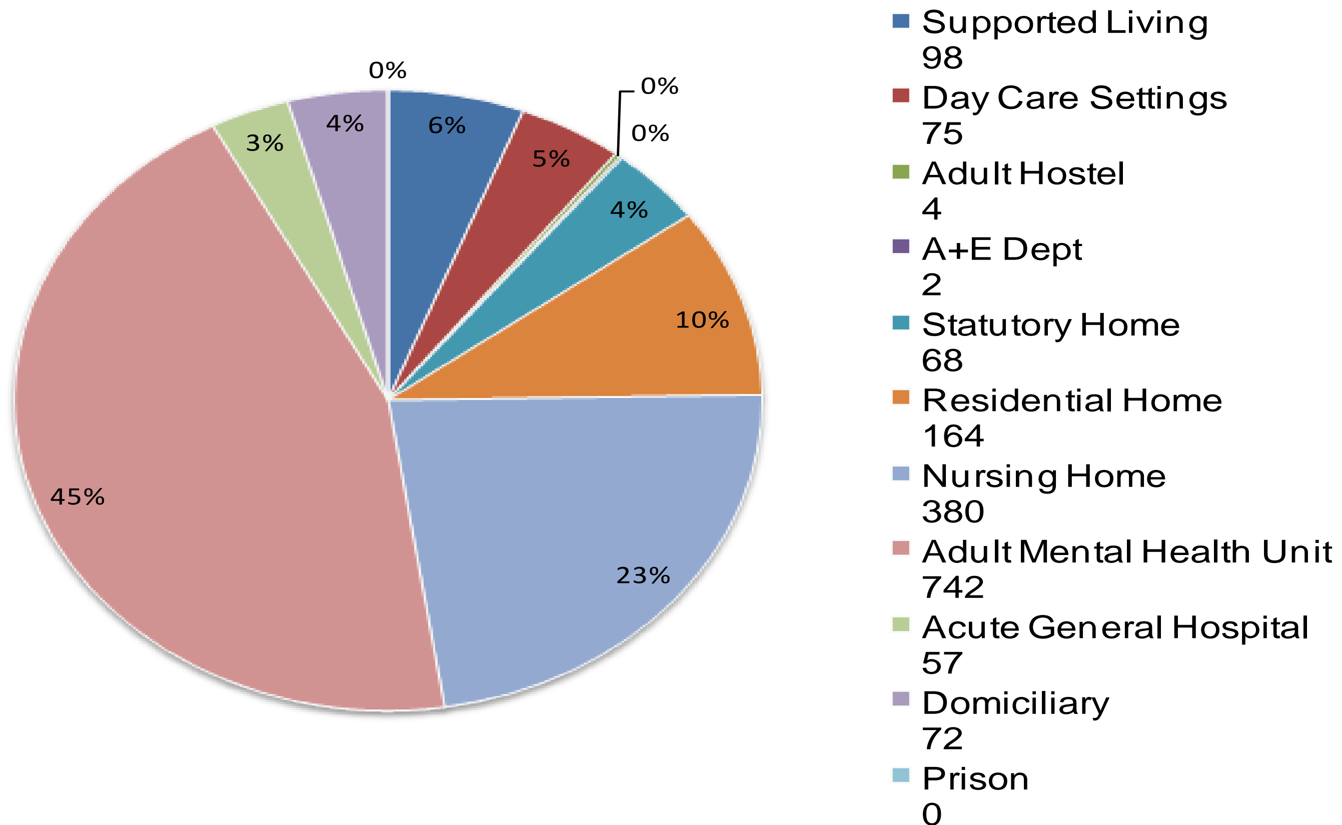


	Belfast	Northern	South Eastern	Southern	Western
Physical Health and Disability	266	59	57	76	25
Older People	665	203	478	442	276
Mental Health	181	379	158	255	50
Learning Disability	924	87	146	664	155
Hospital Social Work/Intermediate Care		54	67	39	


BELFAST TRUST ADULT SAFEGUARDING
REFERRAL RATES BY YEAR
April 2011 to March 2014
April 11-March 12
April12-March13
April 13-March14
514
1010
1064
152
180
83
420
665
1264
103
199
361
0
0
44
LEARNING DISABILITY
MENTAL HEALTH
OLDER PEOPLE
PHSD
ACUTE


Referrals by Type of Abuse
April 2013- March 2014
Total Referrals 2821
1%
4%
16%
5%
11%
63%
Physical 1780
Psychological 322
Sexual 139
Financial 441
Neglect 123
Institutional 16


Referral Outcome by Service Area
April 2013 - March 2014
Referrals
Investigations
Protection Plans
Joint Protocol
ABE Cases
ABE Interviews
1064
954
629
85
68
55
83
63
62
24
24
18
1264
821
789
171
23
13
361
168
207
71
21
10
44
36
15
3
0
0
Learning Disability
Mental Health
Older People
PHSD
Acute Sector



Breakdown of Regulated Services Investigations by Facility Type April 2013 - March 2014
Total Investigations 1662
0%
6%
0%
0%
5%
4%
3%
4%
10%
45%
23%
Supported Living 98
Day Care Settings 75
Adult Hostel 4
A+E Dept 2
Statutory Home 68
Residential Home 164
Nursing Home 380
Adult Mental Health Unit 742
Acute General Hospital 57
Domiciliary 72
Prison 0

Achievements

- The requirements set out in the DHSSPS document 2010 in relation to Adult Safeguarding in Northern Ireland have been fully met in Belfast Trust.

  Belfast LASP is in place and Regional Strategic objectives and Local Adult Safeguarding work is delivered on through annual work plans

- The programme for Government Adult Safeguarding targets are met and exceeded

- New Adult Safeguarding arrangements in Older People and PHSD service areas were fully launched in February 2013. The Adult Safeguarding Gateway Team is the central point of contact for all external Adult Safeguarding referrals for all service areas

- The Belfast Trust Adult Social Care Training Team provide an extensive Adult Safeguarding training programme covering five levels of training from awareness raising through to ABE Specialist Interviewers

Achievements

Partnership developments:

- Regional Adult Safeguarding multi-agency work
- Local Adult Safeguarding multi-agency work
- Domestic Violence Partnership
- Police and Community Safety Partnership
- NGO Engagement Group in relation to Human Trafficking

Areas for Development

- Current Regional Adult Safeguarding Policy & Procedure, including Joint Protocol, needs to be updated to keep pace with operational issues
- Implications in terms of Resources, Capacity and Workforce planning given the significant and ongoing increase in Adult Safeguarding activity
  - Older People and PHSD service area (resource issues re ASGT and Core teams. Role of Care Management and Quality Assurance Team)
  - Learning Disability and Mental Health service areas (there are also competing priorities/resource issues)
- The complexity of major regulated service investigations – clarity around roles and responsibilities re RQIA, Trusts and Commissioned services
- Further work in relation to Acute sector

Areas for development

- Human Trafficking
- Interface between MARAC and Adult Safeguarding
- NIASP Regional Training Strategy Framework 2014 – resource implications
- The strengthening of Trust wide governance arrangements and to set Trust wide priorities for Adult Safeguarding
- Embedding a culture of Adult Safeguarding which addresses both prevention and protection across all programmes of care, all facilities and all Trust staff

QUESTIONS & DISCUSSION

Executive Team Performance Scorecard
End of DECEMBER 2013

1. Introduction

The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets under the Trust key strategic objectives of:

- Safety and Excellence
- Continuous Improvement
- People
- Partnerships
- Resources

The majority of the standards and targets are set out in the DHSSPS Commissioning Directions 2013/14. The Trust is waiting on baseline information in relation to some areas.

The scorecard will be provided for Executive Team (in the intervening months between Public Trust Board meetings) to give an overview of Trust performance in relation to the standards and targets.

The more detailed Trust Performance Report including the following:

- Safety & Quality Report
- Corporate Plan Progress Report against 2013/14 objectives (bi-annually)

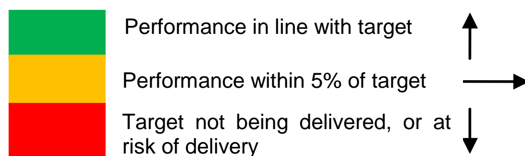
will be provided with the Trust Board Performance Report.

2. Summary – End of December 2013

The following standards and targets measured in the report are not currently being delivered and are significantly behind target (more than 5%), or are at risk of delivery:

- Hip fractures
- Cancer Services treatment within 62 days
- Unscheduled Care – A&E (RVH, MIH sites)
- Outpatients - Waiting Times
- Diagnostic - Waiting Times
- Inpatient and Daycase - Waiting Times
- Outpatients – Backlog Review
- Telemonitoring and Tele-care
- Patient Discharges (Acute Hospitals and Learning Disability)
- Mental Health Outpatient – Waiting Times (Psychological Therapies)

Scorecard Key



Performance Improving

Performance Stable

Performance Declining

Frequency of Report

M	Monthly
CM	Cumulative Monthly
Q	Quarterly
CB	Cumulative Bi-Annually

PERFORMANCE SCORECARD END OF DECEMBER 2013

TRUST KEY INDICATORS

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
	SAFETY AND EXCELLENCE										
1.0	**Healthcare acquired infections**										
a.	**MRSA Infections :** Trust Target for (HCAI) MRSA Infections (M) Target 20 per annum (1.7 per month; Cumulative to 31 December = 15.0)	1↑	1→	4↓	0↑	0→	1↓	4↓	1 ↑	14	
b.	**Clostridium difficile :** Trust Target for (HCAI) Clostridium difficile (M) Target 130.0 per annum (10.8 per month; Cumulative to 31 December = 97.5)	14↓	8↑	11↓	14↓	11↑	10↑	8↑	4↑	84	
2.0	**Hospital re admissions** By March 2014, secure a 10% reduction in the number of emergency re admissions within 30 days. At March 2013, the cumulative emergency readmissions within 30 days is 4.5% for 2012/13.	4.2%↑	4.3%↑	4.7%↑	4.7%→	4.3%↓	4.8%↑	4.4%↓	4.8%↑	N/A	
3.0	**Mortality Rates should stay within statistical control limits**	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	N/A	
	CONTINOUS IMPROVEMENT										
4.0	**Hip fractures** From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	88%↓	88%→	86%↓	89%↑	89%→	86%↓	73%↓	84%↓	85%	
5.0	**Cancer care services** From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.	80%↑	75%↓	80%↑	77%↓	79%↑	74%↓	78%↑	86%↑	78%	
5.1.1	**Cancer Access (M) –** Number of patients exceeding 95 days within the 62 day cancer standard. Indicator reported from October 2013.	-	-	-	-	-	**10**	**5**	**9**	N/A	
5.1.2	**Cancer Access (M) –** Percentage of patients exceeding 95 days within the 62 day cancer standard. Indicator reported from October 2013.	-	-	-	-	-	**6.5%**	**5.8%**	**7.4%**	N/A	
6.0	**Organ transplants -** By March 2014, 30% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.	Data not currently available									
7.0	**Unscheduled care**										
a.	From April 2013, 95% of patients attending any Type 1, 2 or 3	70%↑	75%↑	74%↓	74%→	75%↑	71%↓	71%→	66%↓	71%↑	

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
	Emergency Department are either treated and discharged home, or admitted within 4 hours of their arrival in the Department – 95%.										
b.	No patient attending any Emergency Department should wait longer than 12 hours -12 hour breaches target = 0.	41↑	1↑	0↑	12↓	2↑	28↓	56↓	97↓	288	
8.0	**Elective care - Outpatient Waiting Times**										
a.	From April 2013, at least 70% of patients wait no longer than nine weeks for their first outpatient appointment, increasing to 80% by March 2014. Percentage of outpatients with completed waits seen within 9 weeks.	66%	68%↑	67%↓	62%↓	60%↓	60%→	60%→	64%↑	64%	
b (i)	Percentage of patients on Trust Waiting List waiting less than 9 weeks at month end.	68%	67%↓	63%↓	56%↓	65%↑	64%→	59%↓	55%↓	-	
b (ii)	Number of patients on Trust OP Waiting List at the end of month waiting longer than 9 weeks.	14449	16220↓	18191↓	20852↓	16684↑	17001↓	19578↓	21650↓	-	
c.	From April 2013, no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2014.										
	• Patients waiting greater than 18 weeks, (end of month position).	2303	3440↓	5624↓	6519↓	5156↑	6073↓	7247↓	7832↓	-	
	• Patients waiting greater than 15 weeks, (end of month position).	5098	7119↓	8533↓	9494↓	7426↑	8504↓	9406↓	10535↓	-	
9.0	**Elective care - Diagnostic Waiting Times**										
a.	From April 2013, no patient waits longer than nine weeks for a diagnostic test. Numbers of patients breaching target at month end.	6051	6357↓	6378↓	5781↑	4498↑	4019↑	4139↓	5276↓	-	
b.	Other Diagnostics (Card / EEG / Respiratory and Imaging) patient waits longer than nine weeks. Numbers of patients breaching target at month end.	1124	980↑	1073↓	1088↓	1026↑	912↑	857↑	822↑	-	
c.	From April 2013, all urgent diagnostic tests are reported on within 2 days of the test being undertaken. Percentage of patients.	85%	86%↑	89%↑	87%↓	88%↑	91%↑	90%↓	82%↓	-	
10.0	**Elective care – IPDC Waiting Times**										
a.	From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014. Percentage of patient with completed waits seen within 13 weeks.	65%	65%→	66%↑	68%↑	62%↓	63%↑	66%↑	71%↑	67%	
b (i)	Percentage of patients on Trust Waiting Lists waiting less than 13 weeks.	56%	55%↓	55%→	49%↓	48%↓	59%↑	60%↑	57%↓	-	
b (ii)	Number of patients on Trust Waiting List at the end of month 2013 waiting longer than 13 weeks	9797	10117↓	10170↓	11535↓	11571↓	9214↑	8756↑	10033↓	-	
c.	From April 2013, no patient waiting longer than 30 weeks for										

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
	treatment, decreasing to 26 weeks by March 2014.										
	• Number of patients on Trust IPDC Waiting List at the end of month 2013 waiting longer than 30 weeks	1702	2166↓	2195↓	2980↓	2894↑	2152↑	2117↑	2412↓	-	
	• Number of patients on Trust IPDC Waiting List at the end of month 2013 waiting longer than 26 weeks	3120	3296↓	3332↓	4415↓	4348↑	3040↑	2945↑	3340↓	-	
11.0	**Outpatient Backlog Review**										
a.	Total OP Review Backlog (includes 5,802, MPH requiring validation)	41616	42297↓	43504↓	43793↓	42655↑	41771↑	43361↓	45416↓	-	
b.	Total number OPR patients waiting past Trust Internal Target (10 months by end of September 2013, 8 months plus from October).	4643 *(excludes MPH)*	7247↓	7461↓	7605↓	7591↑	10253*	10831↓	11381↓	-	
12.0	**Specialist drugs**										
a.	From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	1	1→	0↓	0→	0→	0→	0→	0→	-	
b.	From April 2013, no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.	Data not available							0	-	
13.0	**Stroke patients** From April 2013, ensure that at least 10% of patients with confirmed ischaemic stroke receive thrombolysis.		24% (Apr – Jun)	-	-	17% (Apr – Sep)	-	**-**	**-**	**-**	
14.0	**Allied Health Professionals (AHP)** From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment. Numbers of patients waiting longer than 9 weeks at month end.	265	114↑	246↓	497↓	291↑	240↑	365↓	749↓	-	
15.0	**Telemonitoring**										
15 a	By March 2014, deliver 500,000 Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.										
a (i)	Telehealth monitoring - Monitored Patient Days BHSCT share of regional target 104,500 per annum (circa 8,709 pm).	2057	2139↑	2593↑	3013↑	3153↑	3731↑	3982↑	4211↑	26735	
a (ii)	Telehealth monitoring - Patient Referral BHSCT share of regional target 585 per annum (circa 49 pm).	6	14↑	19↑	11↓	19↑	27↑	9↓	14↑	125	
15 b	By March 2014, deliver 720,000 Monitored Patient Days (equivalent to approximately 2,100 patients) from the										

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
	provision of telecare services including through the Telemonitoring NI contract. * *Telecare monitoring – first referral July 2013, monitored patient days recorded beginning August 2013.*										
b (i)	Telecare monitoring - Monitored Patient Days BHSCT share of regional target 68,321 per annum (circa 5,693pm).	*	*	*	30	88↑	322↑	920↑	2149↑	3509	
b (ii)	Telecare monitoring - Patient Referral BHSCT share of regional target 214 per annum (circa 18 pm).	*	*	1	0↓	9↑	19↑	43↑	44↑	116	
16.1	**Unplanned admissions – Long Term Conditions (LTC)** By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions. Percentage reduction on same period in base year	-	-10.6%* (Apr – Jun)	-	-	-16.4% (Apr – Sep)	-	-	-	-	
16.2	**Base year 2010/11 relevant quarter**	-	652	-	-	n/a	-	n/a	n/a	N/A	
16.3	**2013/14 equivalent quarter to base year**	-	535	-	-	n/a	-	n/a	n/a	N/A	
17.0	**Patient discharge**										
a.	From April 2013 ensure that 99% of all Learning Disability discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges). NB: 16 patients waiting over 7 days at month end.	100%↑	100%→	100%→	67%↓	100%↑	100%→	67%↓	100%↑	N/A	
b.	From April 2013 ensure that 99% of all Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges). NB: 0 patients waiting over 7 days at month end.	100%→	100%→	100%→	100%→	100%→	100%→	100%→	100%→	N/A	
c.	From April 2013 No Learning Disability discharges should take more than 28 days of the patient being assessed as medically fit for discharge (completed discharges).	Data not available									
d.	From April 2013 No Mental Health discharges should take more than 28 days of the patient being assessed as medically fit for discharge (completed discharges).	Data not available									
e.	From April 2013 - 90% of complex discharges from an acute hospital take place within 48 hours. (Not available due to data collection issue).	Data not available									
f.	No complex discharges should be delayed by more than 7 days. (Not available due to data collection issue).	Data not available									
g.	From April 2013 – 100%. All non-complex discharges from an acute hospital take place within 6 hours.	97%↓	98↑	97%↓	98%↑	98%→	98%→	98%→	98%→	98%	
18.0	**Learning disability and mental health** By March 2014, resettle 75 of the remaining long-stay patients in learning disability hospitals and 23 of the										

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
	remaining long-stay patients in psychiatric hospitals to appropriate places in the community, with completion of the resettlement programme by March 2015. Belfast share of target noted below.										
a.	Mental Health. 10 patients to be resettled in 2013/14 by March 2014. **MH -** (12/13=3; 13/14 = 10; 14/15=11. Total = 24 over 3 years). **** MH December 1 patient died***	0→	0→	0→	1↑	0↓	0→	1↑	1→	6	
b.	Learning Disability. 25 patients to be resettled in 2013/14 by March 2014, plus 4 patients from 2012/13. **LD -** (12/13=13; 13/14 = 25; 14/15=24; Total = 62 over 3 years). ****LD October 1 patient died, November 1 patient died, December 1 patient died.***	0↓	3↑	0↓	1↑	2↑	2*→	2*→	1*↓	11	
19.0	**Children in care. By March 2014, increase the number of care leavers aged 19 years in education, training or employment to 75%.** Percentage of Leavers.	71%→	71%→	70%↓	71%↑	70%	70%	72%↑	69%↓	-	
20.0	**Mental Health services**										
a.	From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services (CAMH's). Number of patients waiting longer than 9 weeks at month end.	47	2↑	4↑	6↓	3↑	0↑	0→	0→	-	
b.	From April 2013, no patient waits longer than 9 weeks to access adult mental health services. Number of patients waiting longer than 9 weeks at month end.	31	9↑	12↓	62↓	75↓	85↓	66↓	85↑	-	
c.	Total Numbers of CAMHs & Adult MH patients waiting longer than 9 weeks at month end.	78	11↑	16↓	68↓	78↓	85↓	66↓	85↑	-	
d.	From April 2013, no patient waits longer than 13 weeks to access psychological therapies (any age). Numbers of patients waiting longer than 13 weeks at month end.	212	223↓	229↓	243↓	257↓	242↑	257↓	258↓	-	
	PARTNERSHIPS										
21.0	**People with care needs**										
21.1	From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed. Number of people in breach of target. Data currently available for Elderly Care only.	Data not available							3	N/A	
21.2	From April 2013, people with continuing care needs have the main components of their care needs met within a further 8 weeks. Number of people in breach of target. Data currently available for Elderly Care only.	Data not available							0	N/A	
22.0	**Absence Rate - Percentage Target 5.0%**										

Ref	Target	In Month May 13	In month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In month Nov 13	In month Dec 13	April – Dec13 (Cum)	RAG
22.1	Percentage Sickness Rate (Monthly Cumulative). **Absence data is provided by HRPTS reports since October 2013**	5.2%	5.2%→	5.2%→	5.3%↓	5.4%↓	5.5%↑	5.5%→	6.5%↑	5.8%	
22.1	**Complaints - Total number of complaints.** ***Complaints data supplied Quarterly.***	-	444 (Apr - Jun)	-	-	434↓ (Jul – Sep)	-	-	-	N/A	
22.2	Number of Complaints acknowledged within 2 days.	-	95%	-	-	-	-	-	-	N/A	
22.3	Percentage of complaints responded to within 20 days.	-	50%	-	-	55%	-	-	-	N/A	
22.4	Percentage of complaints responded to within 30 days.	-	66%	-	-	71%	-	-	-	N/A	
22.5	Number of Complaints that remain open on DATIX for the period (snapshot at date complaints report produced)	-	94 (as at 17/09/13)	-	-	54 (as at 14/1/14)	-	-	-	N/A	
	RESOURCES										
23.0	**Elective OP & IPDC SBA Performance**										
23.1	OPN (Monthly Cumulative - excludes QICR Clinics)	-4%	-3%↑	-5%↓	-7%↓	-5%↑	-4%↑	-2%↑	-3%↑	-3%↑	
23.2	OPR (Monthly Cumulative - excludes QICR Clinics)	+20%	+18%↓	+17%↓	+15%↓	+16%↑	+18%↓	+18%↓	+16%↓	+16%↓	
23.3	IPDC (Monthly Cumulative)	+4%	-1%↓	+0%↑	-1%↓	0%↑	0%→	+1%→	-4%→	-4%→	

* **Unplanned Admissions – Long Term Conditions (LTC's). Revised to -10.7% in first Quarter 2013/14 April - June 2013) compared to the same quarter in the base year 2010/11, April – June 2010. Validation due to revised coding. Previously recorded as -18% since November 2013.**

Belfast Health and Social Care Trust

Executive Team Performance Scorecard
End of FEBRUARY 2014

1. Introduction

The Performance Scorecard (attached) provides an overview of Trust performance against a set of key standards and targets under the Trust key strategic objectives of:

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- Resources

The majority of the standards and targets are set out in the DHSSPS Commissioning Directions 2013/14. The Trust is waiting on baseline information in relation to some areas.

The scorecard is provided for Executive Team (in the intervening months between Public Trust Board meetings) to give an overview of Trust performance in relation to the standards and targets.

The more detailed Trust Performance Report including the following:

- Safety & Quality Report
- Corporate Plan Progress Report against 2013/14 objectives (bi-annually)

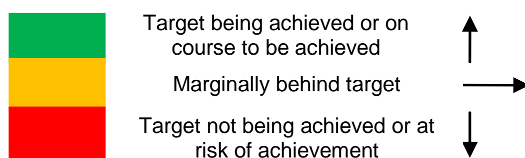
will be provided with the Trust Board Performance Report.

2. Summary – End of February 2014

The following standards and targets measured in the report are not currently being delivered and are significantly behind target (more than 5%), or are at risk of delivery:

- Hip fractures
- Cancer Services treatment within 62 days
- Unscheduled Care – A&E (RVH, MIH sites)
- Outpatients - Waiting Times
- Diagnostic - Waiting Times
- Inpatient and Daycase - Waiting Times
- Outpatients – Backlog Review
- Telemonitoring and Tele-care
- Patient Discharges (Acute Hospitals and Learning Disability)
- Mental Health Outpatient – Waiting Times (Psychological Therapies)

Scorecard Key



↑ Performance Improving

→ Performance Stable

↓ Performance Declining

Frequency of Report

M	Monthly
CM	Cumulative Monthly
Q	Quarterly
CB	Cumulative Bi-Annually

PERFORMANCE SCORECARD END OF FEBRUARY 2014

TRUST KEY INDICATORS

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	SAFETY AND EXCELLENCE													
1.0	**Healthcare acquired infections**													
a.	**MRSA Infections :** Trust Target for (HCAI) MRSA Infections (M) Target 20 per annum (1.7 per month; Cumulative to 28 February 2014 = 18.3)	1↑	1→	4↓	0↑	0→	1↓	4↓	1 ↑	2↓	1↑		17	
b.	**Clostridium difficile :** Trust Target for (HCAI) Clostridium difficile (M) Target 130.0 per annum (10.8 per month; Cumulative to 28 February 2014 = 119.2)	14↓	8↑	11↓	14↓	11↑	10↑	7*↑	4↑	6↓	7↓		96	
2.0	**Hospital re admissions** By March 2014, secure a 10% reduction in the number of emergency re admissions within 30 days. At March 2013, the cumulative emergency readmissions within 30 days is 4.5% for 2012/13.	4.2%↑	4.3%↑	4.7%↑	4.7%→	4.3%↓	4.8%↑	4.4%↓	4.8%↑	4.3%↓	4.4%↑		N/A	
3.0	**Mortality Rates should stay within statistical control limits**	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits	Within Control Limits		N/A	
	CONTINOUS IMPROVEMENT													
4.0	**Hip fractures** From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	88%↓	88%→	86%↓	89%↑	89%→	86%↓	73%↓	84%↑	96%↑	95%↓		87%	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
5.0	**Cancer care services** From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.	80%↑	75%↓	80%↑	77%↓	79%↑	74%↓	78%↑	86%↑	73%↓	77%↑		78%	
5.1.1	**Cancer Access (M) –** Number of patients exceeding 95 days within the 62 day cancer standard. Indicator reported from October 2013.	-	-	-	-	-	10	5↑	9↓	7↑	9↓		N/A	
5.1.2	**Cancer Access (M) –** Percentage of patients exceeding 95 days within the 62 day cancer standard. Indicator reported from October 2013.	-	-	-	-	-	6.5%	5.8%↑	7.4%↓	6.2%↑	9.2%↓		N/A	
6.0	**Organ transplants -** By March 2014, 30% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.	Data not currently available												
7.0	**Unscheduled care**													
a.	From April 2013, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted within 4 hours of their arrival in the Department – 95%.	70%↑	75%↑	74%↓	74%→	75%↑	71%↓	71%→	66%↓	66%→	67%↑		71%↑	
b.	No patient attending any Emergency Department should wait longer than 12 hours - 12 hour breaches target = 0.	41↑	1↑	0↑	12↓	2↑	28↓	56↓	97↓	37↑	57↓		382	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
8.0	**Elective care - Outpatient Waiting Times**													
a.	From April 2013, at least 70% of patients wait no longer than nine weeks for their first outpatient appointment, increasing to 80% by March 2014. Percentage of outpatients with completed waits seen within 9 weeks.	66%	68%↑	67%↓	62%↓	60%↓	60%→	60%→	64%↑	58%↓	58%→		63%	
b (i)	Percentage of patients on Trust Waiting List waiting less than 9 weeks at month end.	68%	67%↓	63%↓	56%↓	65%↑	64%↓	59%↓	55%↓	51%↓	54%↑		-	
b (ii)	Number of patients on Trust OP Waiting List at the end of month waiting longer than 9 weeks.	14449	16220↓	18191↓	20852↓	16684↑	17001↓	19578↓	21650↓	25936↓	23508↑		-	
c.	From April 2013, no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2014.													
	• Patients waiting greater than 18 weeks, (end of month position).	2303	3440↓	5624↓	6519↓	5156↑	6073↓	7247↓	7832↓	9383↓	10543↓		-	
	• Patients waiting greater than 15 weeks, (end of month position).	5098	7119↓	8533↓	9494↓	7426↑	8504↓	9406↓	10535↓	13614↓	13749↓		-	
9.0	**Elective care - Diagnostic Waiting Times**													
a.	From April 2013, no patient waits longer than nine weeks for a diagnostic test. Numbers of patients breaching target at month end.	6051	6357↓	6378↓	5781↑	4498↑	4019↑	4139↓	5276↓	5962↓	5339↑		-	
b.	Other Diagnostics (Card / EEG / Respiratory and Imaging) patient waits	1124	980↑	1073↓	1088↓	1026↑	912↑	857↑	822↑	807↑	600↑		-	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	longer than nine weeks. Numbers of patients breaching target at month end.													
c.	From April 2013, all urgent diagnostic tests are reported on within 2 days of the test being undertaken. Percentage of patients.	85%	86%↑	89%↑	87%↓	88%↑	91%↑	90%↓	82%↓	89%↑	89%→		-	
10.0	**Elective care – IPDC Waiting Times**													
a.	From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014. Percentage of patient with completed waits seen within 13 weeks.	65%	65%→	66%↑	68%↑	62%↓	63%↑	66%↑	71%↑	69%↓	67%↓		68%	
b (i)	Percentage of patients on Trust Waiting Lists waiting less than 13 weeks.	56%	55%↓	55%→	49%↓	48%↓	59%↑	60%↑	57%↓	51%↓	52%↑		-	
b (ii)	Number of patients on Trust Waiting List at the end of month 2013 waiting longer than 13 weeks	9797	10117↓	10170↓	11535↓	11571↓	9214↑	8756↑	10033↓	11300↓	11264↑		-	
c.	From April 2013, no patient waiting longer than 30 weeks for treatment, decreasing to 26 weeks by March 2014.													
	• Number of patients on Trust IPDC Waiting List at the end of month 2013 waiting longer than 30 weeks	1702	2166↓	2195↓	2980↓	2894↑	2152↑	2117↑	2412↓	2988↓	2665↑		-	
	• Number of patients on Trust IPDC Waiting List at the end of month	3120	3296↓	3332↓	4415↓	4348↑	3040↑	2945↑	3340↓	3908↓	3486↑		-	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	2013 waiting longer than 26 weeks													
11.0	**Outpatient Backlog Review**													
a.	Total OP Review Backlog (includes 5,802, MPH requiring validation)	41616	42297↓	43504↓	43793↓	42655↑	41771↑	43361↓	45416↓	43483↑	44074↓		-	
b.	Total number OPR patients waiting past Trust Internal Target (10 months by end of September 2013, 8 months plus from October and 6 months plus from February 2014).	4643 *(excludes MPH)*	7247↓	7461↓	7605↓	7591↑	10253*	10831↓	11381↓	11232↑	15415*		-	
12.0	**Specialist drugs**													
a.	From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	1	1→	0↓	0→	0→	0→	0→	0→	0→	0→		-	
b.	From April 2013, no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.	Data not available							0	0→	0→		-	
13.0	**Stroke patients** From April 2013, ensure that at least 10% of patients with confirmed ischaemic stroke receive thrombolysis.		24% (Apr – Jun)	-	-	17% (Apr – Sep)	-	-	-	-	-		-	
14.0	**Allied Health Professionals (AHP)**	265	114↑	246↓	497↓	291↑	240↑	365↓	749↓	1333↓	1216↑		-	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment. Numbers of patients waiting longer than 9 weeks at month end.													
15.0	**Telemonitoring**													
15 a	By March 2014, deliver 500,000 Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.													
a (i)	Telehealth monitoring **(CM)** - Cumulative figures Monitored Patient Days BHSCT share of regional target 104,500 per annum (circa 8,709 pm).	3913	6052↑	8645↑	11658↑	14811↑	18542↑	22524↑	26735↑	31118↑	35524↑		35524	
a (ii)	Telehealth monitoring **(M)** – In Month figures Monitored Patient Days BHSCT share of regional target 104,500 per annum (circa 8,709 pm).	2057	2139↑	2593↑	3013↑	3153↑	3731↑	3982↑	4211↑	4383↑	4406↑		35524	
a (iii)	Telehealth monitoring - Patient Referral BHSCT share of regional target 585 per annum (circa 49 pm).	6	14↑	19↑	11↓	19↑	27↑	9↓	14↑	24↑	23↓		172	
15 b	By March 2014, deliver													

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	720,000 Monitored Patient Days (equivalent to approximately 2,100 patients) from the provision of telecare services including through the Telemonitoring NI contract. ** Telecare monitoring – first referral July 2013, monitored patient days recorded beginning August 2013.*													
b (i)	Telecare monitoring CM – Cumulative figures Monitored Patient Days BHSCT share of regional target 68,321 per annum (circa 5,693pm).	*	*	*	30	88↑	322↑	920↑	2149↑	3925↑	6380↑		6380	
b (ii)	Telecare monitoring (M) In Month figures	*	*	*	30	58↑	234↑	598↑	1229↑	1776↑	2455↑		6380	
b (iii)	Telecare monitoring - Patient Referral BHSCT share of regional target 214 per annum (circa 18 pm).	*	*	1	0↓	9↑	19↑	43↑	44↑	33↓	43↑		192	
16.1	**Unplanned admissions – Long Term Conditions (LTC)** By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions. Percentage reduction on same period in base year **** revised 01/04/14***	-	-10.4%* (Apr – Jun)	-	-	-15.7%* (Jul – Sep)	-	-	-	-	-		-12.9% * (Apr – Sep)	
16.2	**Base year 2010/11 relevant quarter**	-	652	-	-	585	-	-	-	-	-		1237	
16.3	**2013/14 equivalent quarter to base year**	-	584*	-	-	493*	-	-	-	-	-		1077*	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
17.0	**Patient discharge**													
a.	From April 2013 ensure that 99% of all Learning Disability discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges). NB: 16 patients waiting over 7 days at month end.	100%↑	100%→	100%→	67%↓	100%↑	100%→	67%↓	100%↑	100%→	n/a		N/A	
b.	From April 2013 ensure that 99% of all Mental Health discharges take place within 7 days of the patient being assessed as medically fit for discharge (completed discharges). NB: 0 patients waiting over 7 days at month end.	100%→	100%→	100%→	100%→	100%→	100%→	100%→	100%→	100%→	100%→		N/A	
c.	From April 2013 No Learning Disability discharges should take more than 28 days of the patient being assessed as medically fit for discharge (completed discharges).	Data not available						1	0↑	0→	n/a		N/A	
c. (i)	Patients Waiting > 28 days	Data not available						16	19↓	20↓	n/a		N/A	
d.	From April 2013 No Mental Health discharges should take more than 28 days of the patient being assessed as medically fit for discharge (completed discharges).	Data not available						0	0→	0→	0→		N/A	
d. (i)	Patients Waiting > 28 days	Data not available						0	0→	0→	0→		N/A	
e.	From April 2013 - 90% of complex discharges from an acute hospital take place within 48 hours.	Data not available											N/A	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	(Not available due to data collection issue).													
f.	No complex discharges should be delayed by more than 7 days. (Not available due to data collection issue).	Data not available											N/A	
g.	From April 2013 – 100%. All non-complex discharges from an acute hospital take place within 6 hours.	97%↓	98↑	97%↓	98%↑	98%→	98%→	98%→	98%→	97%↓	98%↑		97%	
18.0	**Learning disability and mental health** By March 2014, resettle 75 of the remaining long-stay patients in learning disability hospitals and 23 of the remaining long-stay patients in psychiatric hospitals to appropriate places in the community, with completion of the resettlement programme by March 2015. Belfast share of target noted below.													
a.	Mental Health. 10 patients to be resettled in 2013/14 by March 2014. **MH -** (12/13=3; 13/14 = 10; 14/15=11. Total = 24 over 3 years). **** MH December 1 patient died***	0→	0→	0→	1↑	0↓	0→	1↑	1→	2↑	0↓		8	
At the end of February the Trust reports 10 resettlements, of these 5 were PTL's to end of February 2014 including the two patients who died in November and December. At the end of March 2014 Mental Health Services have delivered further resettlements of 8 planned targeted list (PTL) patients and 4 delayed discharges (DDs) patients.														
b.	Learning Disability. 25 patients to be resettled in 2013/14 by March 2014, plus 4 patients from	**0→**	**0→**	**1↑**	**2↑**	**3↑**	**2↓**	**5↑**	**4↓**	**2↓**	**7↑**		**26**	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	2012/13. **LD -** (12/13=13; 13/14 = 25; 14/15=24; Total = 62 over 3 years). ***LD October 1 patient died, November 1 patient died, December 1 patient died.***													
The Trust has resettled 7 patients in February and the total to the end of February 2014 is 26. This has been validated by Directorate at 27 March 2014 in line with HSCB returns. Further, the Trust is on target to achieve a further 3 resettlements by the end of March bringing the total to 29 by the 31st March 2014. This meets the 2013/14 target of 29 patients to be resettled by the end of March 2014 (25 2013/14, plus 4 from 2012/13).														
19.0	**Children in care. By March 2014, increase the number of care leavers aged 19 years in education, training or employment to 75%.** Percentage of Leavers.	71%→	71%→	70%↓	71%↑	70%↓	70%→	72%↑	69%↓	72%↑	70%↓		-	
20.0	**Mental Health services**													
a.	From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services (CAMH's). Number of patients waiting longer than 9 weeks at month end.	47	2↑	4↓	6↓	3↑	0↑	0→	0→	8↓	0↑		-	
b.	From April 2013, no patient waits longer than 9 weeks to access adult mental health services. Number of patients waiting longer than 9 weeks at month end.	31	9↑	12↓	62↓	75↓	85↓	66↑	85↓	50↑	41↑		-	
c.	Total Numbers of CAMHs & Adult MH patients waiting longer than 9 weeks at month end.	78	11↑	16↓	68↓	78↓	85↓	66↑	85↓	58↑	41↑		-	
d.	From April 2013, no patient waits longer than 13 weeks to access psychological therapies	212	223↓	229↓	243↓	257↓	242↑	257↓	258↓	202↑	179↑		-	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	(any age). Numbers of patients waiting longer than 13 weeks at month end.													
	PARTNERSHIPS													
21.0	**People with care needs**													
21.1	From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed. Number of people in breach of target. Data currently available for Elderly Care & Physical Disability only.	Data not available							13	25↓	10↑		N/A	
21.2	From April 2013, people with continuing care needs have the main components of their care needs met within a further 8 weeks. Number of people in breach of target. Data currently available for Elderly Care & Physical Disability only.	Data not available							0	0→	0→		N/A	
22.0	**Absence Rate - Percentage Target 5.0%**													
22.1	Percentage Sickness Rate (Monthly Cumulative). **Absence data is provided by HRPTS reports since October 2013**	5.2%	5.2%→	5.2%→	5.3%↓	5.4%↓	5.5%↑	5.5%→	6.5%↓	5.8%↑	5.9%↓		5.9%	
22.1	**Complaints - Total number of complaints.** ***Complaints data supplied Quarterly.***	-	444 (Apr - Jun)	-	-	434↓ (Jul – Sep)	-	-	454↑	-	-		N/A	
22.2	Number of Complaints acknowledged within 2 days.	-	95%	-	-	-	-	-	97%↑	-	-		N/A	
22.3	Percentage of complaints responded to within 20	-	50%	-	-	55%↑	-	-	59%↑	-	-		N/A	

Ref	Target	In Month May 13	In Month June 13	In Month July 13	In Month Aug 13	In Month Sep13	In Month Oct13	In Month Nov 13	In Month Dec 13	In Month Jan 14	In Month Feb 14	In Month Mar 14	April – Feb 14 (Cum)	RAG
	days.													
22.4	Percentage of complaints responded to within 30 days.	-	66%	-	-	71%↑	-	-	74%↑	-	-		N/A	
22.5	Number of Complaints that remain open on DATIX for the period (snapshot at date complaints report produced)	-	94 (as at 17/09/13)	-	-	54↓ (as at 14/1/14)	-	-	66↑ (as at 10/3/14)	-	-		N/A	
	RESOURCES													
23.0	**Elective OP & IPDC SBA Performance**													
23.1	OPN (Monthly Cumulative - excludes QICR Clinics)	-4%	-3%↑	-5%↓	-7%↓	-5%↑	-4%↑	-2%↑	-3%↓	-2%↑	-3%↓		-3%	
23.2	OPR (Monthly Cumulative - excludes QICR Clinics)	+20%	+18%↓	+17%↓	+15%↓	+16%↑	+18%↑	+18%→	+16%↓	+17%↑	+16%↓		+16%	
23.3	IPDC (Monthly Cumulative)	+4%	-1%↓	+0%↑	-1%↓	0%↑	0%→	+1%↑	-4%↓	+2%↑	+2%→		+2%	

*** One CDiff case was removed from November 2013 figures, reflected in revised February figures..**

Belfast Health and Social Care Trust

Minutes of the Trust Board Meeting
Thursday 6 June 2013 at 10.00 am
Boardroom, Trust Headquarters
Belfast City Hospital

PRESENT:

Professor Eileen Evason	Chairman (Acting)
Mr Colm Donaghy	Chief Executive
Ms J Allen	Non-Executive Director
Mr Les Drew	Non-Executive Director
Mr T Hartley	Non-Executive Director
Mr Charlie Jenkins	Non-Executive Director
Dr Val McGarrell	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mr Martin Dillon	Director of Finance
Dr Tony Stevens	Medical Director
Mr Cecil Worthington	Director Social Work/Children's Community Services

IN ATTENDANCE:

Mr Shane Devlin	Director Performance, Planning and Informatics
Mrs Patricia Donnelly	Director Acute Services
Ms Catherine McNicholl	Director Adult Social and Primary Care
Mrs Bernie Owens	Interim Director Unscheduled Services
Mrs Jennifer Welsh	Director Cancer and Specialist Services
Mrs June Champion	Head of Office of Chief Executive (Acting)
Mrs Bronagh Dalzell	Head of Communications
Mr John Gorwcott	Co-Director, Children's Community Services
Mrs Kate Campbell	Acting Service Manager Older People's Services
Miss Marion Moffett	Minute Taker

APOLOGIES:

Mr J O'Kane	Non-Executive Director
Mr Brian Barry	Director Specialist Hospitals and Women's Health
Mrs Marie Mallon	Deputy Chief Exec/Director of Human Resources
Mr Richard Dixon	Patient and Client Council Reprehensive

Professor Evason welcomed everyone to the meeting, with special mention to Mrs Bernie Owens, attending her first meeting as Interim Director Unscheduled Care.

19/13 Minutes of the Previous Meeting

The minutes of the previous meeting held on 11 April, 2013 were considered and approved, subject to the following amendments

- Page 7 – 8 paragraph the word "scooping be amended to read "scoping"
- Page 8 – 6 paragraph the word "unachievable be amended to read "weakness in"
- Page 9 – 6 paragraph the word "Frances" be amended to read "Francis"

20/13 Matters Arising

There were no items raised.

21/13 Chairman's Business

a. Conflicts of Interest

Professor Evason requested Trust Board members to declare any potential conflicts of interest in relation to any matters within the agenda. There were no conflicts of interest noted.

b. Annual Accounts 2012/13

Professor Evason advised that due to the NI Audit Office requiring additional sampling of the new finance systems, PwC, External Auditor would not be in a position to present the accounts to the Audit Committee on 31 May, 2013, as scheduled. Therefore it was proposed to reschedule the Audit Committee meeting to 21 June 2013 and delegate responsibility for approval of the Annual Accounts to the Audit Committee subject to:

- there being no qualifications to the financial statement
- a maximum of 4 members of Audit Committee attend the meeting on 21 June 2013.

It was confirmed that Mr O'Kane, Ms Allen, Mr Hartley and Dr McGarrell would be attending the meeting on 21 June, 2013, Mr Jenkins had to give his apologies as he would be out of the country.

Mr Dillon advised that to date the indications were that there had been no material issues raised by the auditors, there was a clearance meeting scheduled for the 13 June, 2013 and should any issue arise he agreed to contact Professor Evason.

Members approved delegating responsibility for approval of Annual Accounts to Audit Committee, as outlined above.

Decision: Annual Accounts 2012/13 – delegated responsibility for approval to Audit Committee

c. Diary Commitments

Professor Evason briefed members on a number of events she had attended on behalf of Trust Board. Particular reference was made to a Trust event held at Parliament Buildings, to celebrate and acknowledge the many volunteers who offer their time, energy and commitment to volunteering. Professor Evason had been grateful to have an opportunity to thank the volunteers for the invaluable service they provide both within the Trust and to the wider community, which makes a real difference to Trust services.

21/13 (Contd.)

Members also noted that Professor Evason had been joined by Mr Drew on a recent visit to the Chairman's Awards "Trust In Us" ICT project when they had seen at first hand some of the preparation work in the IT department for the forthcoming G8 Summit.

22/13 Chief Executive's Report

a. Emerging Issues

i. Paediatric Congenital Cardiac Surgery

Mr Donaghy advised that at the Minister's request the Trust had participated in further discussion with the DHSSPS and Department of Health Ireland regarding the future of Paediatric Congenital Cardiac Surgery. The Minister's was currently considering this matter and was expected to make an announcement in the near future.

b. Changes in Emergency General Surgery/Elective Surgical Services

Mr Donaghy reminded Members that under the New Directions proposals it had been agreed that Emergency General Surgery be centralised on the Royal Victoria Hospital (RVH) site, with a range of other urgent and elective surgical services remaining on the Royal Victoria, Belfast City, Mater and Musgrave Park Hospital sites.

Mrs Donnelly advised that the first phase of the centralisation of the Emergency General Surgery had begun over the weekend of 1 June, 2013, with the opening of a 51 bedded Emergency Surgery Unit (ESU) on the RVH site, including a 6 bedded bay for patients coming straight from ED. Mrs Donnelly reported that the unit was operating well and paid tribute to all staff involved, particularly the senior surgeons.

Members noted that the second phase of the centralisation of surgical services was planned for October.

Professor Evason said the Minister may be interested in visiting the ESU, Mrs Donnelly agreed that an invitation should be extended when the project was completed later in the year.

Mr Donnelly advised that he had planned a visit to the unit following Trust Board and extended an invitation to members to join him if they were available.

In response to a question from Mr Hartley regarding transfers from other Trusts, Mrs Donnelly advised that referrals to regional services would continue to be dealt with in the same way as before.

22/13 (Contd.)

c. Interim Unscheduled Care Director

Mr Donaghy advised that Mrs Bernie Owens had been appointed to the post of Interim Unscheduled Care Director, supported by Dr Ken Fullerton, Associate Medical Director and Ms Nicki Patterson, Co-Director Nursing.

Members congratulated Mrs Owens on her appointment.

Decision: Chief Executive's Report noted

23/13 Director of Finance

a. Draft Governance Statement

Mr Dillon advised that the Statement of Internal Control had been replaced with the Governance Statement, which had been prepared in line with the DHSSPS guidance, and had been included in the Annual Accounts for 2012/13 submitted to the NIAO on 7 May 2013. He pointed out that the draft Governance Statement had been reviewed by the Audit Committee on 25 April, 2013.

Members noted that the DHSSPS had provided an initial assessment of the draft statement against the guidance and had identified some issues for consideration. Mr Dillon advised that where appropriate the Trust had updated the statement, which had generally been asking for some further amplification of the wording.

Mr Dillon referred members to the Financial Management Controls Assurance and pointed out that whilst substantial compliance had been achieved there had been a reduction in the overall compliance compared to 2011/12 year. This reduction in compliance was reflective of issues experienced on the implementation of the Finance, Procurement and Logistics (FPL) system, which were currently being address and should be overcome in the 2013/14 year.

Mr Jenkins stated that as the FPL was a regional programme it should not reflect badly on the Trust.

Professor Evason noted the excellent compliance within Records Management.

Mr Dillon advised that of in 2012/13 Internal Audit had reviewed 27 systems, 22 of which had received satisfactory reports, with 5 receiving limited assurance. In relation to reports with limited assurance the Trust had put action plans in place to address the issues raised by the audits.

Members were asked to note two new control issues in relation to the Hyponatraemia Inquiry and Asbestos.

23/13 (Contd.)

In response to a question from Ms Allen, Mr Dillon confirmed that reference to the recent "Arms Length Bodies Self Assessment" had been referred to within the draft Governance Statement.

Mr Drew referred to the section outlining progress on the previous year control issues and sought an update in relation to the management of maintenance contracts and financial planning. Mr Dillon advised that in relation to maintenance contracts the Trust had received approval to use eSourcing to advertise contracts and templates were been developed. In respect of the financial position, despite the challenges in year the Trust had achieved financial balance at the end of the year. Mr Dillon further advised that the auditor had not raised any issues in relation to these matters.

In concluding the discussion Members noted the draft Governance Statement for 2012/13.

Decision: Draft Governance Statement noted.

b. Management Statement and Financial Memorandum

Mr Dillon referred to the Management Statement and Financial Memorandum, which had been approved by the Trust and Department in 2011 and was subject to review every five years. He pointed out that the document was required to be presented annually to the Audit Committee and Trust Board.

Members noted there had been no changes to the document during 2012/13.

Decision: Management Statement and Financial Memorandum noted.

24/13 Director of Performance, Planning and Informatics

a. Performance Report – March 2013

Mr Devlin presented the Trust Performance Report for the year ending March, which summarised the key performance targets for 2012/13. He explained that the majority of the targets were in line with the DHSSPS Commissioning Plan Direction 2012/13, however the report also included additional areas such as absence and complaints.

Members noted that in relation to the 21 key performance areas the Trust had achieved or almost achieved 11 of the targets, the 10 targets not achieved continued to be Infection; Cancer (62 days); A+E; Out-patients Waiting Times; Diagnostics Waiting Times; Inpatients and daycases Waiting Times; Learning Disability Resettlements; Long Term Conditions monitoring; Hospital Discharges and Mental Health outpatient waiting times (9 and 13 weeks).

23/13 (Contd.)

In relation to Infection Control Mr Devlin pointed out that whilst the Trust had not met the target there had been less cases of CDiff and MRSA compared to the 2011/12 year.

Miss Creaney reported that the Trust HCAI Improvement Team continued to meet regularly to review the position in respect of HCAIs and focus on learning from RCA's undertaken by the clinical teams. She also advised that the Trust liaised closely with the DHSSPS and PHA and plans were being progressed regarding benchmarking hospitals within Northern Ireland with peer teaching hospitals in the United Kingdom. A business case to the value of almost £2m, in respect of meeting the National Cleaning Standards had been presented to the HSCB and PHA.

Dr Stevens referred to the mortality rates and advised that whilst they remain within control limits there had been a spike during March, this had been discussed by the Mortality Review Group and further analysis and a case note audit was being undertaken.

Mrs Welsh referred to the Cancer Services 62 day target which had seen an improvement during March, which tends to be the case coming up to year end and had been due to Inter Trust Transfers (ITT) being processed more efficiently from other Trusts. She explained that the need for this improvement to be sustained continued to be raised with the HSCB.

Mrs Welsh pointed out that the internal Belfast Trust performance against the 62 day is significantly better than the overall performance which includes all ITTs.

Mr Devlin referred to the Organ Transplant target of 54 live donor transplants, which the Trust had achieved during 2012/13.

In relation to the A+E Waiting Times targets Mrs Owens advised that whilst the number of 12 hour breaches for the period 2012/13 were substantially down compared to the previous year it had been disappointing that the target had not been met in March. There had been a total of 32 breeches and each one had been reviewed.

Mrs Owens reported that focus remained on improving the 4 hour target performance and there was very good engagement with clinicians. Work was ongoing to provide a dedicated focus related to unscheduled care pathways. Systems were being put in place whereby specialty teams would provide a senior doctor to ED or AMU to aid decision making and allow patients to be either admitted or discharged within 4 hours. There has been very good engagement with clinicians and specialty teams have committed to having agreed pathways in place to assist in improving performance.

23/13 (Contd.)

Mr Hartley referred to the number of targets consistently reported as red and expressed concern as to how this could be perceived as the Trust not performing, he asked should Trust Board members be alarmed that these targets are not being achieved.

Mr Donaghy advised that there were two aspects to the performance report, i.e. quality of outturns and actual targets. He gave a reassurance that the Trust continued to strive to achieve better performance in those areas reporting as red, whilst it may not be possible to meet the targets the Trust would endeavour to get as close to them as possible. However it was important that the Trust maintained a high quality safe service.

Mr Devlin referred to Out Patients Waiting Times and advised whilst there had been a significant reduction in the number of patients waiting over 18/21 weeks, this had been due to a number being referred to the independent sector. Due to capacity issues involving 15 specialty and sub specialties the Trust had not been able to achieve the 18 week maximum waiting time. The HSCB recognised that additional recurrent funding was required in some specialties and this would be implemented during 2013/14.

In relation to Diagnostic Waiting Times the 9 week target had not been met in a number of areas due again to capacity issues, which had been acknowledged by the HSCB.

Professor Evason referred to MRI scans and asked if the capacity issue referred to equipment or staff. Members were advised the capacity issue related to the need for additional radiologists.

Mr Devlin reported that the 30 week IPDC Waiting Time target had not been met, the HSCB recognised the need for recurrent investment in a number of specialties and the Trust was aiming to have this addressed in 2013/14.

Mr Devlin advised that the Trust was refocusing on the Long Term Conditions target relating to Telemonitoring. The HSCB had allocated a budget for community telecare services and consideration was currently being given to how best this could be used to improve patient care.

Mrs Donnelly advised that some specialties within Belfast Trust had implemented telemonitoring prior to the HSCB awarding the Telemoniotring NI contract and as the Trust equipment had not been provided through this contract the data could not be used for the performance targets.

Professor Evason said it was important that telemonitoring was seen to be providing positive outcomes for patients.

Dr Stevens referred to a recent BMJ article on telemonitoring that highlighted the limited evidence base that currently existed in this area of medicine.

23/13 (Contd.)

Mrs Donnelly said some people prefer to attend clinics for monitoring of their health.

In response to a question from Mr Hartley, Mr Donaghy advised that the Trust in partnership with the Belfast City Council and Belfast City Partnership was involved in a number of health improvement initiatives within the community.

In relation to the Learning Disability resettlement target Ms McNicholl reported that 4 planned resettlements had been delayed due RQIA temporarily stopping admissions to an Independent Sector facility, these would proceed when the embargo was lifted. She advised that plans were in place to resettle the remaining patients and indications were that the Trust would achieve total resettlement of residents by 2014/15.

Ms McNicholl referred to the Mental Health Assessment and Treatment breaches and advised that there continued to be capacity issues within these services. Investment had been provided specifically for HIV and Cancer areas, which should assist performance. The Trust was also in discussions with the HSCB regarding investment for psycholsexual services.

Professor Evason referred to the summary of Trust activity for specific services during the year 2011/12, and commended the huge volume of contacts staff had delivered to patients and clients.

Members noted the information within the Corporate Management Plan Summary Performance report detailing the position against each of the objectives for the period 2012/13.

Decision: Performance Report noted

b. Trust Vision and Corporate Plan 2013/14 – 2015/16

Mr Devlin advised that following the presentation of the draft Corporate Plan at the April Trust Board there had been an extensive engagement process with stakeholders, including the DHSSPS, HSCB, other Trusts, as well as voluntary, statutory and community partners. In addition there had been a series of Chief Executive Roadshows for staff.

Members noted that a small number of generally very positive comments had been received from external organisations including the Commissioner for Older People who had welcomed the plan in particularly the focus on older people's services and "Positive Life" had acknowledged the strategic objective within the document regarding continuous improvement for the population and wellbeing.

Mr Devlin advised that the Chief Executive Roadshows had enabled staff to engage with Mr Donaghy and directors on the strategic direction, vision and values of the Trust.

23/13 (Contd.)

As a result of this engagement the draft had been revised to include a section on Trust Board, reference to the Critical Care Services and consultation on residential Older People's Services.

Mr Drew endorsed the document and asked if there were plans to circulate widely to GPs, members of the public.

Mr Donaghy advised that it has been placed on the intranet and it would be the intention to circulate it across a number of areas. He also said the document would be subject to annual review.

Members approved the Trust Vision and Corporate Plan 2013/14 – 2015/16.

Professor Evason wished to record members appreciation to all staff involved in producing the document.

Decision: Trust Vision and Corporate Plan 2013/14 – 2015/16 approved.

24/13 Director Social Work/Children's Community Services

Professor Evason welcomed Mr John Growcott, Co-Director, Children's Community Services and Mrs Katie Campbell, Acting Service Manager Older People's Services to the meeting.

a. Discharge of Statutory Functions Report

Mr Worthington presented the Discharge of Statutory Functions Report for the period 1 April 2012 to 31 March 2013. He explained that the report provided an overview of the Trust's discharge of its statutory functions in respect of social care services delivered by the social work and social care workforce. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions and identifies ongoing and future challenges in the provision of such services.

Members were reminded that the Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it under the Health and Personal Social Services (NI) Order 1994. The Trust is accountable to the HSCB for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge. The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions.

24/13 (Contd.)

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services. The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

Mr Worthington stated that as the Executive Director of Social Work he was professionally accountable to report to the Trust Board on the discharge of statutory social care functions. He explained that the report had been prepared on an HSCB template and was sub-divided into the following sections:

Section 1: an introduction to the Report.

Section 2: a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

Section 3: Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; difficulties with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.
The individual Service Area reports include a number of information returns pertaining to statutory social care service delivery.

Section 4: The Trust's Assessed Year in Employment (Social Workers) Annual Overview Report.

Members noted the Belfast Local Adult Safeguarding Panel (LASP) Report 2012-2013 appended to the Annual Statutory Functions Report. Central to the delivery of statutory functions had been: a focus on the assessed needs of the individual service user; facilitating the service user's engagement in all decisions about their care; a commitment to multi-professional working across all Trust service settings; the integration and optimising of available resources to provide qualitative and efficient services and the promotion of inclusive partnerships with service user and carer groups, localities, community, statutory and voluntary sector providers.

Mr Worthington referred to previous discussion at Assurance Committee regarding Internal Audit's limited report in relation to regular professional supervision. Members were advised that the Trust had accepted the recommendations within the report and had developed an action plan, which would be reviewed on an ongoing basis at Service Area, Directorate and corporate levels.

24/13 (Contd.)

Following a comment from Ms Allen it was agreed that the term "reasonable compliance" should be revised to "satisfactory compliance".

Mr Worthington drew attention to a number of areas which had generated particular challenges, these included:

- Safe and effective discharges from hospitals
- Care Management Review arrangements
- Resettlement of service users from long-stay mental health and learning disability hospitals
- Direct Payments and service user capacity
- Allocation of Personal Advisors to young people who meet the statutory criteria for same
- Accessibility of appropriate accommodation for young homeless people
- Increase in adult safeguarding referrals and investigations
- Overarching budgetary context

Mr Worthington advised that it had been a challenging year given the overarching budgetary context, the levels of public expectations and scrutiny, related reporting and accountability processes, the rise in levels of demand for services allied to increasing complexity of need and the challenges of service reform and modernisation as encapsulated in the Transforming Your Care agenda.

It is essential that the investment in workforce development to enhance skills, knowledge and capacity within a practice culture which promotes and values expertise and the exercise of professional discretion within robust accountability and assurance arrangements is consolidated.

The promotion of personalisation, service user participation in service review and development, outcomes-led practice which accentuates qualitative measures of effectiveness located within a coherent evidence base are pivotal to optimising overall performance.

The discharge of statutory functions related to the development of safeguarding arrangements and practice in both adults and children's services, the rationalisation of hospital unscheduled care and discharge pathways and the resettlement of long stay patients from mental health and learning disability hospitals will present significant ongoing challenges. The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a substantial and sustained investment in community infrastructure and the engagement and support of communities and service users and the wider public.

24/13 (Contd.)

Mr Worthington advised that the social care workforce would play a key role in the delivery of the Trust's vision and the strategic direction as referenced in Transforming Your Care (TYC). Their values, skills and knowledge base are central to the effective delivery of integrated person centred care, the optimising of personal choice and the management of risk and the promotion of healthy, inclusive and enabling communities.

Mr Worthington stated that the Trust would continue to prioritise the safe and qualitative discharge of its statutory functions.

Mr Worthington said that the discharge of statutory functions is demanding, complex, challenging, and rewarding work. He wished to express his particular appreciation of the professionalism, knowledge, skills and dedication of the Trust's social care workforce.

b. Corporate Parenting Report 1 October 2012 to 31 March 2013

Mr Worthington presented the six monthly Corporate Parenting Report which provided an overview of the Trust's discharge of its responsibilities to those children who meet the statutory threshold of "in need" as detailed in Section 17 of the Children (NI Order) 1995 and the cohort of children who are looked after by the Trust and in respect of whom it has the statutory duty to promote their welfare and to afford them the opportunities and supports which might reasonably be expected of a good parent.

Members noted that the Trust's services to children in need were delivered within a multi-professional and multi-agency framework. Whilst social work staff have lead responsibility for the discharge of statutory functions pertaining to children, other health and social care staff have key roles in promoting and protecting the welfare of vulnerable children and their families.

- **Children In Need**

At 31 March 2013 there were 5015 children in need in the Belfast Trust area. Of this cohort of children 775 (15%) were managed by the Trust's Children's Disability Service. In the period since 31 March 2008 there has been an increase of approximately 26% in the Trust's year-end Children in Need population although, relative to the figure as at 31March 2013, there has been a decrease of approximately 1.7% (84) in the Trust's Children in Need population at the end of the current reporting period.

A total of 4172 children were referred to the Trust' Gateway Service for assessment during the six months of the reporting period, an increase of 136 (3%) relative to the figure as at 31 March 2012.

24/13 (Contd.)

- **Child Protection**

A total of 424 children on the Trust's Child Protection Register, a decrease of 43 (10%) relative to the figure at 31 March 2012. This decrease reflected a downward trend in registrations over the preceding twelve months. In the period since 31 March 2009 there has been a decrease of approximately 37% in the number on the Trust's Child Protection Register. A significant factor in this reduction had been the rationalisation of the number involved in "Dual Process"- the implementation of policy and procedures to integrate child protection investigation, assessment, planning and review processes within the looked after children arrangements for those children who are looked after. As at 31 March 2013 there were 43 children who were the subjects of Dual Process.

During the reporting period there were 340 child protection referrals, 184 registrations and 204 de-registrations.

- **Looked After Children**

There were a total of 669 children looked after by the Trust, an increase of 16 (2%) relative to the number as at 31March 2012 . Of this cohort of children, 165 (25%) were accommodated via a voluntary arrangement with a child's parents. The remaining population were the subjects of interim and full statutory orders.

155 (23%) had been in care for 1 year or less; 208(32%) for 1-3years; 97 (14%) for 3-5years; 130 (19%) for 5-10 years; and 7 (12%) for 10years>.

527 (79%) of the Trust's looked after population were placed with foster carers

A total of 61(9%) children were in residential placements as at the end of the reporting period.

73 (11%) were placed at home with parents.

A total of 5 young people were in secure placements as at the end of the reporting period. A total of 89 children were admitted to and 117 were discharged from care during the reporting period.

Transitions – Leaving and After Care

There were a total of 403 young people who met the statutory criteria for the provision of Leaving and After Care Services by the Trust. Of this cohort: 117 were Eligible; category; 6 were Relevant; 275 were Former Relevant; and 5 were Qualifying.

24/13 (Contd.)

The majority of these young people had achieved relative stability in their life circumstances. They had secured appropriate accommodation, had established networks of formal and informal supports and were involved in education, training and employment and employment. The Trust's Employability Scheme was providing placement opportunities to 11 young people as at 31March 2013.

The Transitions Service has focused on developing a range of peripatetic, flexible and person –centred services which address the key areas of: accommodation; education/training/employment; promotion of social and emotional wellbeing through the development and maintenance of formal and informal social networks; engagement with a positive adult figure to offer direction, guidance and emotional supports and access to practical supports including financial supports.

Within the Leaving Care population there is a small cohort of young people with particularly challenging needs. This group of young people often presents with mental health/emotional difficulties, histories of disengagement, lifestyles characterised by anti-social behaviours, alcohol and substance abuse and the absence of positive support networks. Their life circumstances are characterised by instability, episodic crises, limited engagement, unemployment, drift and marginalisation.

The Service's focus is on maintaining contacts with these young people and of developing services which are effective in responding to their needs. The consolidation and further development of integrated and seamless transition processes into Adult Mental Health services is of particular significance in this regard.

- **Fostering**

The Trust had access to a total of 452 foster carers providing a total of 540 placements. Of this total, 42 were independent carers, 181 were kinship carers and 28 were carers recruited to a specialist service.

- **Adoption**

A total of 23 children were made the subjects of Adoption Orders during the reporting period.

The Trust is currently reviewing its Adoption Service to enhance its operational and practice linkages with the Looked After Children's Service with a view to profiling adoption as an option for those children for whom it is the most appropriate course.

24/13 (Contd.)

- **Early Years**

There were a total of 850 registered providers across the independent, community and voluntary sectors providing 10879 places as at 31March 2013.

The Trust's Sponsored Day Care Scheme is commissioned from local community and voluntary organisations and affords specialist day care provision for children who have met the in need threshold. A total of 486 places were provided under the auspices of the Scheme during the reporting period.

Mr Hartley referred to the vulnerability of children within residential homes and their risk of exposure to social predators within the community and via internet sites and asked how staff monitor and manage this potential risk.

Mr Worthington advised that staff are vigilant and monitor children closely and if concerned would work closely with the PSNI.

Professor Evason commended the number of young people in care who are supported into further education and employment/training. She sought clarification in respect of young people with more challenging behaviour.

Mr Worthington advised that there places in Lakewood for young people requiring more secure accommodation. He further advised that the HSCB was facilitating discussion with all of the Trusts regarding the development of services/facilities required, with a few to each Trust developing a specific type of service for regional use, rather than each developing similar units. He also advised that the DHSSPS was developing Regional Residential Care Strategy, which should be available in the near future.

Ms Allan referred to the review of Adoption Services and asked if what the timescales were and also if there was ongoing communication with the Courts regarding improving procedures.

Mr Worthington advised that the Adoption Services review was scheduled to be completed by October, 2013. In relation to early intervention he reported that Minister Poots and Minister Ford had recently hosted a round table discussion with representatives from the DHSSPS, Trusts, Justice System and Voluntary Sector in relation to Children's Services. Following this the DHSSPS had agreed to draw up action plan was to be agreed to move things forward.

Ms Allen asked what staff morale was like within the service and had there been any staff survey's undertaken recently

Mr Worthington said he had an ongoing programme of team visits and had not got any sense of staff being under pressure, he felt that generally staff morale was good.

24/13 (Contd.)

Mr Donaghy advised that the DHSSPS regional Staff Survey 2012 was due to be announced by the Minister in the near future, following which copies would be shared with Members.

Ms McNicholl referred to adult safeguarding and advised that this was an area of practice which had increased its profile and significance in recent years. Managing this staff group's diverse range of training needs has been a challenge as staff continue to consolidate their knowledge and skills in relation to the complexities of the safeguarding process.

Ms Campbell advised that there was a major shift in direction in relation to adult safeguarding which had seen an increase in reporting of incidents. This was due to staff reporting incidents which previously would have been dealt with as minor.

Ms NcNicholl advised members that some modernisation work was ongoing within the Home Help Service for staff currently on casual contracts to move to permanent contracts.

In response to a query from Professor Evason Ms McNicholl advised that within this service area there was a mixed economy workforce with approximately 60/40 split between the Trust and Independent Sector.

Ms Nicholl advised members that some modernisation work was ongoing with the Home Help Service for staff currently on casual contracts to move to permanent contracts.

Professor Evason said permanent contracts would help staff feel more valued and motivated.

In relation to the Independent Sector, Mr Donaghy advised that the Trust included standards for training and delivery of care when agreeing the service specification within contracts. He further advised that the Independent Sector was monitored by RQIA.

Professor Evason referred to the amount of detail contained within the Discharge of Statutory Functions and Corporate Parenting reports and the need for Non Executive Directors' to be briefed more fully on issues arising within the reports. She went on to propose that a annual Trust Board workshop should be dedicated to this area of business.

Members supported this proposal and agreed that the October workshop should be identified to deal with these important statutory reports.

Following a proposals by Ms Allen and Ms McNicholl it was further agreed that the Staff Survey and Local Adult Safeguarding Partnership be included in the October workshop.

Decision: Discharge of Statutory Functions and Corporate Parenting Reports Approved.

25/13 Deputy Chief Executive/Director of Human Resources

Professor Evason explained that as Mrs Mallon was attending the NHS Confederation Conference, Mrs Peden, Co-Director, Human Resources and Mrs Orla Barron, HR Health and Social Equalities Manager were attending on her behalf.

a. Good Relations Strategy

Mrs Peden reminded members that the draft Good Relations Strategy had been presented to the December 2012 Trust Board meeting, when it had been agreed to proceed with a consultation process. There had been relative low response to the strategy, which could be attributed to the extensive pre-consultation and involvement with relevant stakeholders.

Members noted the Trust had taken the opportunity to launch the strategy in Community Relations week in May, which had been timely given the launch of the OFM/DFM Good Relations Strategy "Together: Building a United Community".

Mr Hartley referred to the diversity of cultures living within Belfast and suggested it would be useful to illustrate the growing linguistic diversity in Northern Ireland by providing details of the different languages.

Mrs Barron advised that the Trust had committed within the Good Relations Strategy to be progressive in terms of linguistic diversity and to display the word Welcome in the 36 different ethnic minority languages provided by the Northern Ireland HSC interpreting service and in Irish and Ulster Scots in all Health and Well Being Centres.

Professor Evason said the strategy was an excellent document and paid tribute to all those involved in its development.

Decision: Good Relations Strategy noted.

b. Regional Staff Survey

Mr Donaghy advised that the Minister would be releasing the report of the Regional Staff Survey in the near future and the supplementary analysis report relating to Belfast Trust would be presented to a future meeting of the Trust Board.

Decision: Regional Staff Survey – position noted.

26/13 Audit Committee Minutes –24 January 2013

Members noted the contents of the minutes of the Audit Committee meeting held on 24 January, 2013.

27/13 Assurance Committee Minutes – 12 February 2013

Members noted the contents of the minutes of the Assurance Committee meeting held on 12 February 2013.

28/13 Any Other Business

a. Public Accountability Meeting

Mr Donaghy referred to the public accountability process and advised that the DHSSPS had advised that the Minister would be attending a future public meeting of Trust Board. He explained that members would be contacted regarding the format and arrangements.

29/13 Date of Next Meeting

Members noted the next meeting of Trust Board was scheduled for 5 September, 2013.