

**Minutes of meeting of the Western Health & Social Care Trust
Board held on Thursday, 1 September 2022 in the Boardroom,
South West Acute Hospital, Enniskillen**

PRESENT Mr S Pollock, Chair
Mr N Guckian, Chief Executive

Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Canon Rev J McGaffin, Non-Executive Director
Prof H McKenna, Non-Executive Director
Dr J McPeake, Non-Executive Director

Dr B Lavery, Medical Director
Mrs D Keenan, Interim Executive Director of Nursing/Director of
Primary Care and Older People's Services
Mr T Cassidy, Interim Executive Director of Social Work/Director
of Women and Children's Services
Ms E McCauley, Director of Finance & ICT
Mrs K Hargan, Director of HR & Organisational Development
Mrs T Molloy, Director of Performance and Service Improvement

IN ATTENDANCE Mr M Gillespie, Assistant Director Acute Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chair/Chief Executive

8/22/1

CONFIDENTIAL ITEMS

8/22/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the September Board meeting, including members of the public and press. He reminded visitors that they could raise questions with Mr Kelly at the end of the meeting.

The Chair said as with everyone in Derry and indeed the province, his thoughts and prayers went to the families of the boys who sadly drowned earlier in the week. He said in rearing a family there were many ups and downs, but losing a child was something parents never contemplate and when it happens, words are just hopeless

in conveying the loss and grief that takes over in our hearts and minds. The Chair expressed his deepest condolences to the families.

The Chair moved to suspend standing orders to allow Alliance for Choice Derry to address the Board. He reminded the organisation that any questions would be answered following the meeting.

* * * * *

The Chair welcomed Ms Melanie Bradley to the meeting and asked that she address members on behalf of Alliance for Choice Derry.

Ms Bradley thanked members for the opportunity to join the meeting. She said Alliance for Choice Derry noted with urgent concern that Early Medical Abortion service within the Western Trust had collapsed in April 2021 and to date had not been resumed. She read a statement from Alliance for Choice Derry and shared a number of questions with members.

At the end of Ms Bradley's address, the Chair thanked Ms Bradley for attending the meeting. He said that consideration would be given to the questions posed today and a response would be issued as soon as possible.

* * * * *

8/22/3

CHIEF EXECUTIVE'S REPORT

Mr Guckian referred to a report of his business from the previous meeting.

- Mr Guckian began by referring to the tragic drowning of the 2 young boys in Enagh Lough earlier in the week. He said the Altnagelvin site had been extremely subdued in that 3 of the parents worked in Altnagelvin Hospital, therefore they were part of the Western Trust family. He said the parents were extremely esteemed members of teams and their colleagues were trying to support them at this most difficult of times.
- Mr Guckian referred to general pressures within hospitals and said the entire system continued to experience significant pressure on patient flow. He added that while Western Trust hospitals were under pressure, compared to the region the number of patients awaiting admission in recent days has been reasonable. He said this reflected the excellent work done over the last 10 days by both Acute Hospitals and Community teams.
- Since our last meeting Mr Guckian said there had been some reports inferring that the Trust and DoH were not working in partnership to deliver GP services in

Dromore and Trillick. Mr Guckian said he wanted to confirm that the Western Trust is working closely with DoH to sustain services against a challenging environment and that he wanted to place on record the Trust's appreciation of the support it is receiving from colleagues in the GP Unit in particular. Mr Guckian said he also wanted to thank Trust staff for the progress made in providing a stable service within the Practice.

- Mr Guckian advised members that the Trust is currently consulting on changes to the Directorate structure within the Trust. He said the consultation period would end on 14 September and that a report of changes would be brought to members for information.
- On 16 August Mr Guckian said he was delighted to welcome a delegation who were visiting Altnagelvin Hospital in response to the Trust's expression of interest to host the NI Imaging Academy. He said the visit was the first opportunity for the DoH and Regional Medical Imaging Board (RMIB) to discuss in detail the potential roles and responsibilities that a Trust would undertake in hosting a multi-professional Imaging Academy. Discussion also took place on delivering the necessary infrastructure and engaging with delivery partners and educators.

Mr Guckian said following this initial round of visits, the specification will be reviewed and refined if necessary. Interested Trusts will be asked to submit a formal proposal against the final specification in early autumn 2022 and the Department will then undertake a formal options appraisal to select the host Trust, and will engage with Trusts to provide further detail about this part of the process as required.

Mr Guckian placed on record his sincere thanks to everyone who supported this visit. He said the Trust had truly put its best foot forward and he was delighted we were able to demonstrate our ability to develop a service for the Region.

- Mr Guckian advised members that the Trust has its first month's performance report against the DoH service delivery plan and while the Trust is confident in many areas that it can in this year return to a pre-pandemic level of activity, it is clear that it may take several months for the Trust to achieve the new targets set for all Trusts. Mr Guckian said he could assure Trust Board that the Corporate Management Team has made this a top priority and the Performance Team is working closely with services to support any work needed to move back to pre-pandemic levels as quickly as possible.

8/22/4

APOLOGIES

Apologies were received from Mrs McKay, Director of Acute Services, and Ms O'Brien, Director of Adult Mental Health and Disability. Mr Gillespie, Assistant Director Acute Services was in attendance for Mrs McKay.

8/22/5

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

8/22/6

MINUTES OF PREVIOUS MEETING – 7 JULY 2022

The minutes of the previous meeting held on 7 July were proposed by Mrs Laird, seconded by Canon Rev McGaffin and approved unanimously as a true and accurate record of discussion.

8/22/7

MATTERS ARISING

Mrs Laird referred to previous discussion in respect of staffing for the breast service and how it is noted on the risk registers. Mr Gillespie said he would seek an update from his Directorate.

8/22/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr Lavery referred members to the Trust's Corporate Risk Register and Board Assurance Framework. He said there were 21 risks on the Corporate Risk Register as approved at Trust Board on 7 July. He said that due to recent changes in the Corporate Management Team the Corporate Risk Register had been amended to reflect such in respect of:-

- Risk ID3, 57 and 1213 – change Responsible Director to Dr Lavery;
- Risk ID6, 1307 and 1338 – change Responsible Director to Mr Cassidy;
- Risk ID1133 – change Responsible Director to Mrs Keenan

Dr Lavery advised that all risks had been reviewed in the last quarter and there were no risks with outstanding actions at date of reporting.

Dr Lavery provided an update on the list of outstanding actions as agreed at the Trust Board workshop. He advised that there was ongoing work in respect of risk ID1213 Covid19 regarding assessing and responding to patient and client need and the need to maintain quality and safety for patients, clients and staff in conjunction with Risk ID 1316 service rebuild. Dr Lavery said a task and finish group had been established and the proposed direction is to create a new risk which will focus on the Trust's ability to deliver the mandated performance trajectory. He said further work has been completed and the proposed new risk will be presented to the PSI Governance meeting on 12 September for approval.

Dr Lavery referred to risk ID1216 and said that staffing in ED is fragile and attempts to address this are being taken forward. He said all potential solutions were being actively pursued including international recruitment, local recruitment and increased efforts on staff retention.

Dr Lavery advised that there are 54 overdue SAIs and these remain under scrutiny. He said the number of complaints open over 20 days has increased significantly.

Dr Lavery said the MCA process is still experiencing some difficulties on both acute hospital sites. He said he had met with staff and allocated champion roles to try to improve compliance.

Dr Lavery advised that work continued on the Western Trust review of surgical services. He said this had increased relevance due to regional standards which have been published and added that options had been reviewed and he was hopeful we are moving towards a conclusion.

Mr Hegarty expressed an interest in seeing the numbers of complaints with regard to waiting lists and whether there was any consistency about the type of complaints. Dr Lavery advised that there was an increase in the number of complaints with regard to waiting times in ED. Mr Guckian said that he had also seen an increase in complaints regarding orthopaedic waiting times but assured members that the Trust was trying to improve access times.

Mrs Laird referred to work undertaken with regard to overdue SAIs and asked for a progress report. Dr Lavery advised that the Trust is engaged with the Region on this work and could confirm that the Trust is in a good place comparative to other Trusts.

8/22/9

QUALITY IMPROVEMENT MONITORING REPORT – PRESSURE ULCERS

Mrs Keenan referred members to the quarterly report on Pressure Ulcers. She said the Trust's Tissue Viability Team continued to work hard on delivering this service.

Mrs Keenan referred members to page 4 which detailed the Trust's compliance with the SSKIN bundle across acute hospital wards and which detailed the number of pressure ulcers reported to PHA following data cleansing and quality assurance for 2021/22. Mrs Keenan said the Trust's performance supported the evidence that education and training was improving performance and said the Trust's compliance with the SSKIN bundle was excellent with the Trust's performance being 96%, 96%, 95% and 91% for 2021/22. Mrs Kennan advised that the total number of pressure ulcers reported across acute hospital sites for the period had been 277 with 76 being stage 3 and 4 and 36 classified as avoidable.

Mrs Keenan referred members to the statistical information in respect of compliance with the SSKIN care bundle for each adult inpatient ward across the Trust prior to data cleansing.

Dr McPeake referred to the increased numbers of hospital acquired stages 3 and 4 pressure ulcers and avoidable pressure ulcers for 2020/21 and 2021/22. He said these were significantly higher than in previous years. Mrs Keenan advised that work had been done to identify the reasons for these increases and said some of the explanations were that people were staying longer at home during an illness and when they presented to hospital their skin had become blanched. In addition the Trust has used more bank and agency staff and patients are presenting with malnourishment. Mrs Keenan said the Trust continues to invest much time and education in tissue viability training. However, Mrs Keenan said that it is the Trust's responsibility to ensure it does not cause harm to patients whilst in the Trust's care.

Prof McKenna referred to those areas where there had been a decrease in the number of pressure ulcers. He said he was pleased the Trust was moving away from the Braden Scale and said he would like to see an evaluation of this approach. He added that undoubtedly over the last 2 years Covid had played a factor however he said there were many other measures that prevent pressure sores and asked if the Trust employed a sufficient number of these. Mrs Keenan advised that the Trust had replaced approximately 200 beds over the past 2 years across all hospital sites. She said this had improved performance and said the Trust also reviews this on an annual basis and also carries out mattress audits. In addition, Mrs Keenan said the Trust buys pressure relieving cushions and said Tissue Viability Nurses attend ED to review mattresses and support those patients who need it.

Prof McKenna asked if agency staff are trained appropriately in the prevention of pressure ulcers. Mrs Keenan advised that agency staff are not trained by the Trust to the same standard as Trust staff however she assured that when the Trust trains staff it will let agency staff attend. She said the Trust also encourages agencies to train their nurses in tissue viability.

Following a query by Canon Rev McGaffin, Mrs Keenan agreed to look at why ICU in South West Acute Hospital report on pressure ulcers and not ICU in Altnagelvin Hospital.

8/22/10

INFECTION PREVENTION AND CONTROL UPDATE

Dr Lavery referred members to an update on Infection Prevention and Control.

Dr Lavery said significant work was ongoing due to Covid both in hospital and community. He said it was worthwhile highlighting the low numbers of healthcare associated Covid infections across the Western Trust sites which reflected the excellent working practices from the IPC Team and nursing.

Dr Lavery provided an update on Monkeypox and said there were very small numbers in Northern Ireland, with most cases localised in London. He said the Trust had established clinical pathways for patients who have or potentially have symptoms.

Referring to healthcare associated infections, Dr Lavery advised members that there had been 32 cases of *C. difficile* since April, 19 of which were hospital acquired. In relation to MRSA, he said there had been 5 cases, 2 of which were hospital acquired and in respect of Gram Negative Bacterium, there had been 13 cases.

Dr Lavery advised that there have been ongoing multiple outbreaks of Covid and to date there has been 58 outbreaks.

Dr Lavery continued on IPC mandatory training. He said as attendance at IPC training is required on a biennial basis, the attendance rate over a 24 month period as at June 2022 had been 74.06%. He said this was the highest attendance rate since the figure had begun to be monitored in January 2018.

Concluding his report Dr Lavery advised that the surgical site infection rate remains very low in the Western Trust in comparison to other parts of Northern Ireland. He added that in relation to critical care device-associated infection, there have been no infections for almost 4 years.

Mr Guckian referred to outbreaks and assured members that wards are closing down outbreaks much quicker now.

Dr McPeake thanked Dr Lavery for his report and said he welcomed the use of historic targets for HCAI statistics.

8/22/11

ENVIRONMENTAL CLEANLINESS REPORT JANUARY – MARCH 2022

Mrs Keenan referred members to the above report. She said the majority of audits reported scores greater than 75% with the exception of the managerial audits that showed a score less than 75% for Dungiven Health Centre, Shantallow Health

Centre and the Waterside Hospital Ward 2. Mrs Keenan acknowledged that the reporting system had changed and there had been some issues with the data transferring over using the same domains. She said the areas that did not have full compliance with completing audits were being followed up.

8/22/12

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy advised members that the DoH SPPG had now issued Trusts with a HSC Service Delivery Plan (SDP) requirement for the 9 remaining months of 2022/23. She said the SDP sets out the expectations for Trust rebuild levels generally based on prior year activity, pre-pandemic, and use the expectation of a trajectory to full recovery of pre-pandemic levels of activity by March 2023, at the latest. Mrs Molloy advised that the SPPG had not set the same trajectory or baseline for all services, for example, the baseline for Cancer services is the activity level delivered in 2020/21, not 2019/20 and Unscheduled Care had also been included, with indicators of hospital flow being used (discharge rates and Length of Stay).

Mrs Molloy explained that Trusts are expected to put in place plans so that services will deliver to the level set by SPPG in the SDP and all Trusts will now have a “RAG” rating applied to each area of performance by SPPG.

Mrs Molloy advised that a report was provided to the Performance and Transformation Executive Board this week reporting the position across Trusts and primary care, giving the opportunity to discuss areas of exception or variation in the recovery to pre-pandemic levels of activity.

Mrs Molloy advised that the Services which the Trust can assure it will provide activity levels in line with the SDP trajectories include many of the Outpatient specialties, day case, most diagnostics, child protection, domiciliary care, psychological therapies and access to specialist services including Wet AMD and biologics. She added that there are some services that the Trust is confident of delivering up to 90% of pre-pandemic levels, but have identified considerable challenges beyond this and these include AHPs overall and endoscopy. Mrs Molloy said there were a number of services where there are significant or multiple barriers to achievement of the targets which will prevent the Trust achievement of the targets set and said these included inpatients, day care, dementia, neurology, gynae, 62 day cancer and adult mental health. Mrs Molloy said the service areas which had the most significant divergence from baseline and reasons for this were summarised within her report.

Mrs Molloy advised that she will provide a monthly performance report to CMT as soon as data becomes available, and for the balance of 2022/23 she proposed that she would provide a quarterly performance report to the Finance & Performance Committee and Trust Board. She said this would be supplemented with a ‘by

exception' report as determined by her. In addition, Mrs Molloy said the Chief Executive had established a Strategic Change Board which will be a dedicated monthly CMT meeting which will receive a report on exception areas and Directors will report on their recovery or action plans.

Mrs Molloy referred to future reporting to Trust Board. She said Trust Board had in the last 2 years received 2 performance reports at each meeting – a full report on performance against the Ministerial targets and a highlight report prepared by the herself which provided an update on rebuild and detailed information on performance of services against rebuild targets, COVID-19 information and unscheduled care position. Mrs Molloy said she was now proposing that these reports would be replaced by a report on performance against the Service Delivery Plan 2022/23.

Concluding her report, Mrs Molloy asked Trust Board to note the update on the introduction of the Service Delivery Plan for the balance of 2022/23 (July 2022 – March 2023) and to note the position where the Trust had the most significant variances and the full position for July 2022 as a starting point for future reporting. Mrs Molloy asked the Board to approve the standing down of historical monthly reports against Ministerial targets, and approve the introduction of quarterly reports against the SDP, supplemented with regional information on Trust Performance. Exception reports will also be provided to Trust Board at Trust Board meetings if required.

Mrs Laird thanked Mrs Molloy for her report and said she fully supported the proposal of a quarterly reporting report which she believed would identify helpful trends. She said she was also assured by the exception reporting.

Prof McKenna noted the performance improvements in respect of Cardiac CT and Psychology Therapies. He referred to dementia performance and said this was not unique for the Western Trust. He said he was attending a conference in October and it would be interesting to hear regional views on this service. Mrs Molloy advised that there had been discussion at CMT regarding dementia waiting times and said the issue for the Trust was in relation to outpatient clinics. She said the service had 2 consultant vacancies and 2 memory nurse vacancies and that the service priority was to support inpatient wards. Mrs Molloy assured that the service is being closely monitored and imaginative ways of filling the vacant posts is being considered on a temporary basis.

Dr McPeake referred to the 31 day target and the Trust's under delivery of 40%. Mrs Molloy explained that the target has been based on expected patient numbers however this is a demand led service. Mrs Molloy advised that the Trust had achieved 99% compliance with the 31 day target in July.

The Chair thanked Mrs Molloy for her informative briefing. Following consideration members unanimously supported the move to quarterly reporting.

8/22/13

FINANCIAL PERFORMANCE REPORT FOR MONTH 3

Ms McCauley referred members to the financial performance report for the 3 months ended 30 June.

Ms McCauley began by advising members that during 4-15 August the HSC in Northern Ireland was impacted by a cyber attack and one of the consequences of that had been the reporting of the financial performance information. She said that she would bring to October Trust Board the financial performance report for month ending 31 August.

Ms McCauley advised that since her last report to members she could advise that there had been very little change to the challenging financial environment for the Trust and the HSC in total. She said the absence of an agreed budget for the current financial year continued to limit the Trust's ability to deliver an end of year financial forecast. Ms McCauley also reminded members that the Minister had signalled to his Executive colleagues that he would need to overspend by £400m to continue to deliver effective services. Ms McCauley said this overspend takes into account waiting list pressures, pay awards for staff and inflationary issues. She added that while there was no clear appetite to overspend in the public sector, the Minister clearly recognised that the measures required to address the overspend would be counter-strategic to addressing the major challenges in health and social care and he was not willing to implement those.

Ms McCauley advised that the Trust had received very positive acknowledgement by DoH/SPPG that its financial position is in line with all other HSC Trusts. She said this recognised the impact which the Trust Financial Recovery Plan has had, not just in the achievement of financial savings over the last 3 years, but also in programmes which have supported a containment of cost pressures growth over the same period. She said this positioned the Trust well in our regional financial performance engagements. In addition, Ms McCauley added that this factor had put the Trust in very good standing with DoH/SPPG in relation to the ongoing negotiations around their funding contribution towards our Trust Recovery Plan.

Ms McCauley advised that the Trust met with SPPG finance colleagues during July and a further meeting has been scheduled for later in September. She said for this meeting the Trust will have provided a closure report for the formal 3 year Trust Recovery Plan and a hope to agree a final position in relation to the areas under review including historic savings target distribution distortions, review of medical locum issues specific to the Western Trust, Trust specific deprivation factors and the impact of high cost PFI contracts in relation to the capitation formula. Ms McCauley advised that the SPPG has signalled an intention to make a submission to the Permanent Secretary regarding a final settlement to the Trust against the £5m original commitment.

Moving to the Trust's financial performance report, Ms McCauley said she had included in the context section the key messages included in a letter from the Permanent Secretary to the Trust dated 29 June 2022. She said this letter had been timely and contained messages regarding the availability of funding and the need for financial discipline.

With regard to the Trust financial performance targets, Ms McCauley assured members that the Trust was on target to deliver against its Capital Resource Limit of £31m having incurred capital expenditure of £2.9m at 31 May 2022. She said the Trust was amber in relation to expenditure on agency and locum staff having increased expenditure by 9.7% from 2021/22. In relation to prompt payment, members noted that the Trust was reporting amber on the basis that the Trust had paid 88% of its undisputed invoices within 30 days during June which was a cumulative of 86% year to date.

Ms McCauley referred to Table 3 which provided a summary of revisions to the Trust net pressures position from that which was reported in the previous month report. She said the Trust had reviewed the expenditure flows and planning assumptions and identified some adjustments to the Trust's opening deficit for the year, forecast new pressures, savings plans for MORE project and the plan to ensure a balanced position for No More Silos. As a consequence Ms McCauley reported that the Trust's net pressures position excluding Covid was revised to £33m or £59m including unfunded Covid costs for 2022/23.

Moving to table 4, Ms McCauley said this confirmed that against the Trust's projected pressures of £33m, the Trust was reporting a deficit of £8.4m. She said Table 5 expanded on the detail by Directorate. At a Directorate sub-total level in 2021/22, she added that the Trust reported a budget deficit variance of 5.2% and at 30 June the Trust was reporting 5.1% which was a maintained position from the previous month. Ms McCauley said this was an indication that the Trust had cost containment arrangements in place but she said she needed to indicate that this remained a very fragile position for the Trust as it responds to the challenge to deliver performance to pre-pandemic levels whilst dealing with residual Covid levels across services, continued growth in dependence on agency for safe staffing levels as well as the impact of inflation which as yet has not been fully scoped both directly, as an impact to Trust overhead costs, as well as indirectly, as an impact to population health. Ms McCauley added that this position was also supported by the graphs in tables 6 and 7 which indicate only marginal movements from the prior month for pay by Directorate and external non-pay expenditure.

Referring to table 9 Ms McCauley said this outlined the use of flexible staffing which had increased across the 5 categories and said members would note that whilst there was a spike during the June period this was largely be attributable to the extended bank holiday period. She said during the year to date, the Trust had increased its dependence on nurse agency, other agency and nurse bank whilst reducing its use of medical agency staff and overtime. Ms McCauley said the Trust

had activated a range of measures through the nurse stabilisation group to address the local issues including plans for recruitment of new graduate nurses, international nurses and senior management review of practice in place for rota management in wards. It was noted that this would be complemented by regional planning to address the use of off-contract agency dependencies across the HSC which are likely to materialise later in this financial year.

In concluding her report, Ms McCauley summarised the highlights from key messages for the reporting period:-

- the Trust is reporting a deficit of £8.4m at 30 June 2022;
- total Directorate overspends are in line with the previous month and within the budget overspend percentages from 2021/22; and
- Trust financial pressures are forecast as £33m excluding Covid costs.

Ms McCauley assured that Directors, their senior teams and budget holders are fully briefed on the current financial climate, the content of the letter from the Permanent Secretary and their obligations as the Trust continues to move forward during this very challenging year.

The Chair thanked Ms McCauley for her very comprehensive update and said it was going to be a very challenging year.

Mr Hegarty referred to table 4 and Covid costs of £26m and asked if the Minister's statement had an impact on this. Ms McCauley said the revised estimate for Covid costs within the Trust had reduced to £20m and said this would continue to be monitored and reported as a separate cost pressure. She added that she understood that work was ongoing to secure additional funding from Westminster for this.

Mr Guckian reassured the Board that there had been a major exercise carried out on costs and tracking expenditure back to policy decisions specific to Covid. He said the Trust would be able to share this analysis with the DoH that evidenced expenditure was directly linked with DoH requirements. He added that the Trust would try to reduce costs but there were residual Covid costs.

Mrs Laird asked if there was any link to cost of living increase and inflation. Ms McCauley advised that this analysis was being taken forward between Permanent Secretaries and they were looking at a range options to try and secure additional funding. She added that the Trust is contributing to this analysis in respect of the direct cost of inflation.

Prof McKenna referred to table 9 total flexible payroll expenditure and said with international recruitment changes overseas nurses would not be a solution going forward. Mr Guckian said there was a need to reduce the number of agency

workers and alluded to a new framework coming in the autumn which would see the driving out of non-contract nursing agencies. He added that the Minister has confirmed his support for this approach.

8/22/14

TRUST MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

Ms McCauley advised that the Management Statement and the Financial Memorandum defines the relationship between the Minister for Health, the Department of Health and Arm's Length Bodies setting out the control framework within which that relationship is to be managed and lays down the main duties to be performed by each party. She said it is a requirement for the Trust to annually table the Management Statement and Financial Memorandum at a meeting of Trust Board for approval.

Mr Guckian said the Chair and he attended a regional workshop on this a number of weeks ago and the intention of the DoH is to move to a Partnership arrangement with Arm's Length Bodies. He said that while this is being developed the Trust is required to approve the current Management Statement and Financial Memorandum.

Following consideration, the documents were proposed by Mr Hegarty, seconded by Prof McKenna and unanimously approved by members.

8/22/15

ANNUAL EQUALITY COMMISSION NORTHERN IRELAND REPORT

Mrs Molloy presented to members for approval the Trust's Annual Equality Progress report for the period April 2021 – March 2022. She reminded members that public authorities are required by the Equality Commission to submit an Annual Equality Progress Report. She said the content of the report evidenced that there has been sustained commitment across the Trust to meet statutory obligations under Section 75 of the Northern Ireland Act 1998 and Section 49A of the DDO 2006 and that there had been significant progress in all areas of the Trust's Equality Scheme, Section 75 Equality Action Plan and the Disability Action Plan.

Mrs Molloy said the annual report was accompanied by a series of appendices which detailed progress for year 4 of the Regional Equality Action Plan and Regional Disability Action Plan, progress on the Trust's Local Equality and Disability Action Plan and the Trust's Interpreting statistics for 2021-22.

Mrs Molloy said the report and its appendices outlined the Trust's statutory duties specific to equality and good relations and demonstrated the strength of the Trust's multi-agency partners. She said the interpreting statistics showed a very accessible

community and the very significant use of Trust channels in respect of foreign language and sign language interpreting. Mrs Molloy said work was ongoing in relation to the Trust's ethnically diverse network and training in areas had been supported through the Improvement through Involvement Committee. Mrs Molloy concluded that as the Trust came to an end of its existing plan the Trust was working with its partners and the region as consideration turns to the next 4/5 years.

The Chair thanked Mrs Molloy for a very informative and excellent report. He said it was of note that the older population in this area had increased by 27% and 1 in 4 in the Trust's area lives in poverty. He said there were staggering statistics in this report which emphasised the importance of the Trust. Mr Guckian said the scope of Trust services as described on page 3 was amazing and the background information was good at reminding us of the nature of the services we provide.

Mr Hegarty said he did not see any reference within the report on the work carried out in fostering and adoption particularly the work of the Trust's Adoption Committee. Mrs Molloy agreed that she would look at this area with Mr Cassidy for inclusion in next year's report. Mr Cassidy thanked Mr Hegarty for highlighting this and said there was significant complexity in these areas. He said complexity in the children's world was increasing and that the cost of living crisis would adversely impact those families that social services work with.

Following consideration of the annual report it was proposed by Prof McKenna, seconded by Mrs Laird and approved unanimously by Trust Board.

8/22/16

SUB COMMITTEE REPORTS

1. Finance and Performance Committee – Minutes of meeting held on 3 May 2022

Mr Hegarty referred to the above minutes. He asked members to note the minutes and highlighted under the performance section that nursing agency costs had increased by £6.5m compared to 20/21. He referred to funding for elective care and said of the £13.9m received £12.6m had been spent. Concluding Mr Hegarty said that work was progressing in understanding and reducing cancelled hospital appointments.

2. Endowment and Gifts Committee – Minutes of meeting held on 3 May 2022

Canon Rev McGaffin referred to the above notes. She said a verbal update on this meeting had been given at the July Board meeting.

3. Audit Risk Assurance Committee – Minutes of meeting held on 9 May 2022

Mr Hegarty referred to the above minutes. He referred to item 5 the payroll quality improvement plan and said this was a very important piece of work which would be kept under review. Mr Hegarty also noted the Head of internal audit

annual assessment 21/22, the Head of internal audit annual plan 22/23 and External audit.

4. **Governance Committee**

Briefing note from meeting held on 29 June

Dr McPeake referred to a briefing from the Governance Committee meeting and highlighted key points for noting which included discussion on the corporate risk register, a deep dive into risk ID 1338, emerging issues from Directorates and reports from sub Committees and Directorate Governance Groups.

Dr McPeake said there was an issue identified for escalation to Trust Board in respect of pressures in ED due to the increased demand for mental health beds with no beds available regionally to transfer these patients. Dr McPeake said these concerns have been flagged to the SPPG.

Mr Hegarty referred to the issue regarding missing equipment and asked if the equipment could be used outside the hospital environment. Dr McPeake said this equipment was for medical use and it was suspected that its location was down to inappropriate record keeping. Mrs Molloy explained that during the past 2.5 years with wards having been moved around the Trust's Medical Devices Group was looking at equipment where the paperwork might not have been completed.

Minutes of Governance Committee meeting held on 23 March 2022

Members noted the above minutes. Dr McPeake said a verbal brief had been given to members at Trust Board on 5 May.

8/22/17

ANY OTHER BUSINESS

There were no further items of business.

8/22/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust will take place on Thursday, 6 October.

Mr S Pollock
Chair
6 October 2022