

**Minutes of a meeting of the Western Health & Social Care Trust Board held on
Thursday, 7 January 2021**

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Rev J McGaffin, Non-Executive Director
Prof H McKenna, Non-Executive Director
Dr J McPeake, Non-Executive Director
Dr C O'Mullan, Non-Executive Director

Dr C McDonnell, Medical Director
Dr B Brown, Executive Director of Nursing/Director of Primary
Care and Older People's Services
Mrs G McKay, Director of Acute Services
Ms K O'Brien, Director of Adult Mental Health and Disability
Services
Mr T Cassidy, Acting Director of Women and Children's
Services
Mr N Guckian, Director of Finance and Contracting
Mrs T Molloy, Director of Performance and Service Improvement
Mr A Moore, Director of Strategic Capital Development
Mrs A McConnell, Director of Human Resources

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive
Mr C McKenny, Head of Service Recovery, Supported Living
and Day Care
Ms C Quinn, Team Manager, Strabane Recovery Team
Mr B Toner, Consultant in Service User Experience (Adult
Mental Health)
Ms B Roddy, Community Psychiatric Nurse, Strabane
Community Mental Health Team

1/21/1

CONFIDENTIAL ITEMS

1/21/3

APOLOGIES

There were no apologies received.

1/21/4

DECLARATION OF INTERESTS

Dr McPeake referred to item 1/21/11 Muckamore Hospital Learning Review and said he wished to declare that the author of the “Way to Go” report was a personal friend. He said he felt there was no conflict however he wished the Board to be aware of this.

Given this, the Chair asked Dr McPeake to maintain silent during discussion on this item.

1/21/5

MINUTES OF PREVIOUS MEETING – 3 DECEMBER 2020

The Chair referred to the minutes of the last meeting held on 3 December 2020.

The minutes having been circulated were proposed by Dr O’Mullan, seconded by Prof McKenna and were carried by the Board as a true and accurate record of discussion.

1/21/6

MATTERS ARISING

There were no matters arising.

1/21/7

CHIEF EXECUTIVE’S REPORT

Dr Kilgallen advised that since the last Board meeting, the Trust had continued to experience relentless pressure across all services as a result of the impact of Covid19 disease and the associated restrictions on how we can work. She said both Altnagelvin Hospital and South West Acute Hospital were in “Extreme” surge.

Dr Kilgallen said the loss of our valued staff member, Nuala McLaughlin, had reinforced the realities of this awful disease.

Dr Kilgallen paid tribute to all staff for their exceptional efforts, to those who deliver care and support to patients and clients and their families and to those who make those caring services possible, giving their technical and administrative skills in service of us all.

Dr Kilgallen’s report focussed on staff support and surge planning and she asked Mrs McConnell to update members on the Trust’s vaccination programme which commenced on 14 December.

Mrs McConnell said at the last briefing she advised the care home vaccination programme had commenced and now since then the Trust staff vaccination programme also commenced on 21 December. She advised that initially it was only those staff in the priority groups as per the guidance from the Joint Committee for Vaccinations and Immunisations but from 4 January, guidance had widen to include all HSC staff. To do this Mrs McConnell advised that the Trust had established a Vaccination Centre in Londonderry, Omagh and Fermanagh. Mrs McConnell said the vaccination teams have also been returning to care homes to administer second doses. She said to date 1,688 care home residents; 1,700 care home staff; and 5,782 HSC staff and NIAS staff have been vaccinated.

Mrs McConnell advised that next week the Trust has been asked to invite the 4,000 private domiciliary care staff to come for vaccination and week commencing 18 January the Trust has been asked to vaccinate all community pharmacy staff, community opticians, community dentists and funeral directors and staff from regional HSC organisations eg HSCB and BSO. She said the Trust has also been asked to vaccinate long stay hospital patients and a plan is currently being developed to do this.

Members were advised that on Wednesday, 6 January the Trust opened an online booking platform for staff to book their appointments themselves. She said prior to this the Trust had established a booking line with 16 call handlers to answer calls.

Mrs McConnell advised members that this week the position had changed regarding when the second vaccine dose should be administered. She said that the advice from the DoH has been to move the period from 3 weeks to 10 weeks and that in light of this guidance the Trust was reorganising some appointments.

Mrs McConnell advised from 4 January GPs began to roll out a vaccination programme commencing with the over 80s using the AstraZeneca (AZ) vaccine. She said primary care would deliver the programme to the general population in a descending age order. She added that the Trust will be given some access to AZ for those staff who have allergies to the Pfizer vaccine and arrangements will be put in place for this.

Mrs McConnell advised that the Trust has had a number of retired doctors, nurses and administrators return to support the programme and the Trust is very grateful for their support. She added that Trust staff have worked hard to put arrangements in place and have worked through Christmas and New Year.

On behalf of the Board the Chair thanked Mrs McConnell for her management of a huge process and said the results produced and those people who had now received their first dose was tremendous.

Mr Hegarty advised that he had been through the experience in Foyle Arena and said it had been very efficient. He referred to the AstraZeneca programme being led by GPs and asked if this programme would go on much longer than the Trust's programme.

Mrs McConnell said yes the GP programme would last longer than the Trust's programme however the Trust has been asked to vaccinate more groups than what it was originally asked to. She said at this point the general population programme is being undertaken by GPs and not the Trust.

Mr Hegarty referred to the infrastructure to deliver the Vaccination Centres and asked if it would be difficult for GPs to replicate this. Mrs McConnell reminded members that GPs are used to undertaking mass vaccinations as they undertake the yearly seasonal flu programme.

In concluding her Chief Executive report, Dr Kilgallen advised members that Mrs McConnell has advised of her intention to retire on 9 April 2021 after 36 years' service. Dr Kilgallen acknowledged Mrs McConnell's commitment to the Western Trust over her long service.

1/21/8

PRESENTATION BY STRABANE RECOVERY TEAM – WINNERS OF THE DAVIN CORRIGAN AWARD

Ms O'Brien was delighted to welcome Mr McKenny, Mr Toner, Ms Quinn and Ms Roddy to the meeting. She reminded members that the Davin Corrigan Inaugural Award for Improving Patient/Service User Safety through Service User and Family Engagement was awarded to Strabane Recovery Café, supported by Strabane Community Mental Health Team, at the recent Quality Awards.

Mr McKenny thanked members for inviting them today and said they were very honoured to receive the award.

Ms Quinn presented a summary of the project, its background, what the Recovery Café offers, changes made and the project results. She said the aim of the project is to continuously improve services that focus on patient safety and winning the Davin Corrigan award was a bonus.

Prof McKenna thanked Ms Quinn for an informative presentation. He said as a member of the Trust's Improvement through Involvement Committee he was very impressed by the project as it was a great example of co-production. He asked that a copy of the slides be shared with members. Prof McKenna said that during the pandemic mental health issues had heightened and asked if the Recovery Café was still able to operate.

Ms Quinn advised that following the necessary risk assessments, linking closely with Strabane and District Caring Services, the number of people who attend and co-morbidities, it was decided the Café could not continue in its current state. She said a number of tablets have been ordered which allows people to connect virtually and said and phone numbers have been shared so that people can still connect together. Ms Quinn said she has also linked with Letterkenny as it holds a walking group and some of the Café members have been joining this.

The Chair asked if the Café had sufficient number of tablets and Mrs Quinn advised that it had.

Mrs Laird extended her warmest congratulations to the Strabane Recovery Team on its well-deserved win. She asked how was the impact of the project measured. Ms Quinn said impact was measured by the number of people who attend and said the Recovery Café had grown which was a good indication that people feel the benefit of attending. She added that the Café had also developed a questionnaire and said while some people were very focal, some were not and the questionnaire gave everyone a voice. She said the Café had encouraged people to become involved in their local community. Ms Quinn said co-production was very important to the success of the project.

Ms Quinn shared with members other work being taken forward by the Strabane Recovery Team in respect of issues including lithium use and ADHD clinics.

Mr Toner commended the innovative approach of the project in relation to engagement with clients and how it is embedded in the community. He added that the Café allowed clients to interact with mental health professionals in a different environment and had the potential for upscaling.

The Chair said he looked forward to visiting the Café when the time was right.

1/21/9

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell advised that there are 27 risks on the Trust's Corporate Risk Register and Assurance Framework as agreed at Trust Board on 3 December 2020.

She shared with members 2 proposals for approval:-

- Proposed revised risk ID49 regarding the potential impact of a cyber security incident on the Western Trust. Members unanimously approved this revised risk.
- Proposed new corporate risk merging risks regarding staff availability and the impact of staffing levels on safe service provision.

Mr Campbell referred to the proposed risk regarding staff availability and to the description under subtype. He felt the risk should be described as a patient/client safety risk as opposed to a staffing issue. He also expressed that because the risk had a patient/client safety focus, whilst it should be a corporate risk it was particularly relevant to Directorates who provide frontline services. Mr Campbell referred to the risk's proposed score and said while the un-mitigating score was fine, the mitigated risk brought the consequence to moderate however this should be major and should be reviewed.

Mrs McConnell assured Mr Campbell that the patient safety aspect of the risk is on Directorate risk registers and said the merging of these risks was about bringing workforce strategy risks together.

Mrs McConnell suggested to Mr Campbell that she would meet with him to discuss further.

Mrs Laird welcomed the merging and focus of this risk. She said there were other issues associated with the risk that required the focus on both the corporate and directorate risk registers however she said elements of the risk were beyond the Trust's control and was for the Region. She felt this risk required further consideration.

Dr O'Mullan suggested the revised risk should be brought back to the People Committee for further discussion.

Following discussion Dr Kilgallen asked the Board to approve the risk for further discussion at the People Committee. The Board supported Dr Kilgallen's proposal.

Dr McDonnell referred members to the actions from the Trust Board workshop and said she would be continuing to bring items of progress on a phased basis to Trust Board over the next few months.

Dr McDonnell concluded her report by referring members to the Covid19 Risk ID1213 Indicators. She said she wanted to raise awareness of these and the challenges faced in December and as we continue into January.

1/21/10

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell referred members to her update report.

Dr McDonnell said in mid-August the PHA began issuing a weekly surveillance bulletin to each Trust reporting the number of healthcare-associated Covid19 cases. She said the most recent report covered the period up to 20 December and the bulletin was based on data routinely collected by the PHA with caveats and definitions which may change as familiarity with the data improves. Because of this and other issues associated with the recording of information, Dr McDonnell said the PHA figures did not tally with the Trust's internal data. She said the IPC Team will continue to liaise with the PHA regarding any discrepancies that arise in future bulletins.

Dr McDonnell said over the past number of months the IPC team has continued to support the management of incidents as applicable. Incident meetings take place and all IPC measures have been instigated. The IPC team is also required to continue to support independent sector care homes in the event of any declared outbreak and there are a number of homes affected at present.

Dr McDonnell continued by providing an update on *C. difficile*, Pseudomonas and MRSA performance.

Dr McDonnell advised that the work of the Antimicrobial Management Team is ongoing and is seeking to develop an antimicrobial dashboard whose primary purpose will be to gather data and facilitate audit participation by frontline staff. Currently the Business Informatics Team is awaiting the outcome of a request for funding from the Digital Rebuild Programme in order to achieve this.

Concluding her report Dr McDonnell referred to critical care device associated infection surveillance and IPC nurse independent audits.

Dr McPeake acknowledged the good progress on a number of the independent audits but said he was surprised by the number of red hand hygiene scores. Dr McDonnell accepted this point. She said the IPC Team continues to work with wards on a rolling piece of work. Dr Kilgallen said the Trust was refreshing its communications campaign about PPE and handwashing. Mr Kelly advised that the Communications Department is also leading on a work place safety campaign.

Mr Hegarty referred to the impact of the current pressures on wards and the ability to complete and return audit scores. Dr Brown said the information presented was accurate however said the challenge was that audit was one of many processes within a ward. However, he assured members that everyday there are safety huddles and the Working Safely Together programme is key to ensuring hand hygiene is at a good level and is first priority.

Rev McGaffin referred to the communication of safety messages and asked if there were specific messages as opposed to general messages. Dr McDonnell said there is specific work being done with specific wards and there is a weekly communications calendar as part of the Working Safely Together Group.

1/21/11

MUCKAMORE HOSPITAL LEARNING REVIEW

Ms O'Brien shared with members a detailed presentation on the learning from the Review of Leadership and Governance Report at Muckamore Abbey Hospital. She said her presentation would provide an overview of the key findings, reflect on the key opportunities for learning for the Western Trust and would inform discussion about current systems, structures and processes and areas for improvement.

Ms O'Brien said the findings of the Muckamore Report and other investigations had already begun to influence work across the Region in terms of governance and attention to leadership, management, and best practice. She said RQIA has begun to take a different approach to its work and to its engagement with Trusts and Ms O'Brien said this was seen in the significant improvement work in Grangewood Hospital. Regionally, Ms O'Brien said approaches to SAIs and Early Alerts had been strengthened and there was greater accountability. Ms O'Brien outlined the improvement work across the Trust which included a review and change in Trust

governance processes, CMT and other Trust Huddle arrangements, clinical and social care governance and focus on management of datix and SEA/SAI processes.

The Chair commended the work done within the Trust. He said his involvement with Muckamore Abbey Hospital went back to 1972 and said what perturbed him most was that clearly there were systems, policies and procedures in place but the Belfast Trust did not express serious interest in the day to day running of the hospital. He said it was right to improve the governance and important to involve staff in doing this. He said that there were comments in the report that all Committees of the Western Trust could take on board.

Mrs Laird thanked Ms O'Brien for her informative presentation and said there were a number of issues that arose for her as a Board member. First, she asked when and why should significant incidents and events be escalated to the Trust Board? Secondly, Mrs Laird referred to workforce issues and asked when these begin to impact on staff, when should they be escalated to Trust Board and beyond. She said she would welcome the opportunity to explore how this should be done. Thirdly, Mrs Laird referred to the briefing around SAIs and a significant safeguarding incident becoming an SAI and said she felt there was a lot of learning around this that the Board should be aware of collectively. Lastly, Mrs Laird asked how as an integrated Board could it have a shared implementation learning plan on this. She said she would like to be assured of this shared learning plan and how it is taken forward in Committee.

Professor McKenna commended the excellent report and referred to slide 15 which stated that Trust Board members were not served well by Directors who did not escalate issues. Prof McKenna said the Western Trust has been learning this from other reviews and believed with the value and philosophy within the Western Trust this could not happen.

Dr McDonnell referred to discussion at the last Clinical and Social Care Governance Committee and bringing early alerts to members. She said this was a start of sharing information with the Trust Board on a monthly basis. She assured members that this was work in progress and would be taken forward over the next number of weeks and months.

Rev McGaffin thanked Ms O'Brien for distilling the report and said there were so many lessons to be learned. She queried if the Trust could look at the full report and its recommendations in respect of complex systems; feedback; communications; and look at what it could learn so that the Western Trust Board is not part of any criticism going forward.

Mr Hegarty reflected on today's discussion and having read what was presented he asked was there the potential to have situation within the Western Trust. The Chair said absolutely but by developing shared learning and by identifying the areas that need reviewed and develop best practice would reduce this risk.

Ms O'Brien assured members that the Western Trust does not use seclusion in its learning disabled hospitals. She referred to the "Way to Go" report and said at times

the Trust would have an over reliance on learning disability nurses but our future is multi-disciplinary workers so that patients can be encouraged to live independent in supported environments. Ms O'Brien said that the resettlement target was that by 2020 all adults would be resettled in the community however this had not happened as the community infrastructure is not in place. Ms O'Brien said today was about how we manage risk and said there was still significant work to be done to ensure a better outcome going forward.

1/21/12

POLICIES

- **Policy for Patient / Client Nursing and Midwifery Assessment and Record Keeping**
- **Management of Patient Choice Related Discharge Delays**

Following consideration members unanimously approved the revised policies.

1/21/13

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 NOVEMBER 2020

Mr Guckian referred members to the Trust's financial performance report for month ending 30 November.

He said the Trust had previously been reporting a deficit of £19m with a control total formally agreed at this level. At month 8 he advised there were 2 key changes – the Trust's projected position had improved by a further £3m due primarily to income received and expenditure reductions due to Covid 19. Mr Guckian said the Trust's control total was likely to reduce from £19m to £15m through additional income of £4m and this would change the Trust's figures to a £12m deficit against a control total of £15m.

Referring to his report Mr Guckian reminded members that in relation to table 2 the Trust's opening deficit remained £40m however with adjustments for savings, slippage and other support the deficit position was reduced to £33.3m. Mr Guckian said this did not include any impact of Covid19 as the Trust is assuming this will be fully funded for this pressure.

Mr Guckian referred to table 4 on agency, bank and overtime costs and said the Trust's temporary staffing had only increased by 4% in the past year and this was primarily due to Covid19.

Mr Guckian advised that the Trust received a capital allocation of £23.6m from the DoH for 2020/21 and outlined the planned expenditure.

Mr Guckian advised that 94.7% of undisputed invoices were paid within 30 working days of receipt against a target of 95%.

Mr Campbell referred to the Trust's financial recovery plan and asked what was the formal position from the DoH on this, and what was the DoH expecting in relation to delivery.

Mr Guckian said the position remained unchanged in that the Trust must deliver on its control total. He said the proposal to the Permanent Secretary in relation to the Trust's control total included a proposal that the Trust meet with the DoH in the new financial year and Mr Guckian said this conversation would be in line with our mid year review. Mr Guckian said the Trust's financial deficit would require a joint approach between the Trust and DoH.

Mr Campbell said he was conscious the Trust had received a formal letter from the DoH 18 months ago that put the Trust on notice of what our financial obligations are but appreciated that Covid had changed this. He asked if there was any formal change to the DoH's position. Mr Guckian said that the Trust would be confirming its financial position by end of March and this would include the Trust's position against its recovery plan and a position in relation to 2021/22. He said that he would be advising the DoH that it was not possible for the Trust to complete its recovery plan given the Covid pandemic. Mr Guckian assured members that he has continually raising this with Deputy Permanent Secretary throughout the year. He said the Trust needs to meet its financial commitments to the DoH.

Dr McPeake referred to next year's financial requirements and said it would be important for all Trusts to work on a core set of assumptions. Mr Guckian agreed that it is important that the Western Trust goes on record as to what it expects its costs to be and agreed that this needs to be on a co-ordinated approach with all Trusts.

1/21/14

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy shared with members an information report of Covid19 key data and performance summary across hospital and community services.

Mrs Molloy said the first part of the performance report gave Covid key data in respect of inpatient position and deaths. She said acute hospital plans had been refreshed for third surge however it was acknowledged that hospitals may be asked to do more.

Mrs Molloy said the rest of the report gave a position in respect of unscheduled care, elective care, cancer care, Allied Health Professionals, mental health services, children's services, physical and sensory disability services and phase 3 rebuilding of services.

Mrs Molloy said she was delighted that the handover of the modular building to ED had taken place in December and would be operational by end of March 2021.

In relation to Phase 3 rebuild plan, Mrs Molloy said the Trust continued in November to work to the phase 3 plans for elective activity. She said across many areas work exceeded plans however there were a small number of areas where there were exceptions and the Trust was working to support and monitor these. The areas where good focus was retained was on the 14 day breast target and Mrs Molloy said given our significant increase in this area, and where there was demand and staffing challenges as we moved into December, performance had improved. Mrs Molloy said the Trust's endoscopy position had also improved as the Trust has secured additional capacity from an outside contractor.

Mrs Molloy commended the report to members.

Mrs Laird referred to the equalisation of waiting times across the region and asked if this was for all services. Mrs Molloy advised that this was for services that are under particular pressure. She added that the equalisation of waiting times was a much more systematic approach going forward and Trusts would look at new and different areas across the region.

1/21/15

SUB COMMITTEE REPORTS

It was agreed that Committee minutes will come to Trust Board for noting only.

Improvement through Involvement Committee – Minutes of meeting held on 16 November 2020

Mrs Laird asked members to note the minutes of a meeting of the Improvement through Involvement Committee held on 16 November 2020. She said discussion on their content took place at the previous meeting.

Endowment and Gifts Committee – Minutes of meeting held on 6 October 2020

Rev McGaffin referred members to the minutes of a Committee meeting held on 6 October. She said this was her first meeting as Chair and there was significant discussion and work ongoing. She referred to the Committee's work plan and said a priority for the Committee is the reduction of fund balances which will be discussed at each meeting.

Rev McGaffin advised members that from the donation received from NHS Charities Together food hampers had been distributed to staff over Christmas.

Finance and Performance Committee – Minutes of meeting held on 1 December 2020

Mr Hegarty referred members to the minutes of a Committee meeting held on 1 December. He commended the work carried out by the Director of Finance and his team to get the Trust to a very carefully thought out control total and said through

further lobbying the Director of Finance had managed to secure a likely year end control total of £15m.

In relation to performance Mr Hegarty said services were well managed in the current circumstances.

Governance Committee – Minutes of meeting held on 9 December 2020

Dr McPeake referred to 3 documents previously distributed – minutes of the last meeting, a shorter briefing note for the benefit of the Board and an action log which is a live document and will remain until all actions are complete.

Referring to the briefing note, Dr McPeake said some of the agenda items had been covered at today's meeting and one of the outcomes was that Early Alerts would be shared with Trust Board going forward.

Dr McPeake referred to discussion on NICE guidelines and said there is a need to separate out the guidelines which the Trust cannot implement because we are relying on the actions of others.

Dr McPeake referred to the Committee's Terms of Reference and said some work is being done to identify and remove overlap. He said he was hoping to have a final zoom next week with other Committee Chairs to finalise discussions and to bring proposed changes to the Terms of Reference to Board for consideration.

1/21/16

ANY OTHER BUSINESS

The Chair ended the meeting by thanking Dr Kilgallen and all staff who are working under pressure. He said as a Board it was concerned with the level of transmission currently and said he hoped everyone and their loved ones stayed safe.

Dr McPeake asked if at a future meeting that Board members receive an update on the implementation of the recommendations from the Governance Review. Dr McDonnell agreed to this and confirmed that a review team was being set up and would be in place shortly.

Mrs Laird referred to a leadership walkround to the Hospital Bronze Team and said she was truly amazed by its leadership. Likewise, Mr Campbell said he attended one and was very impressed and reassured by its leadership.

1/21/17

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 February 2021 at 11 am.

**Mr Sam Pollock
Chair
4 February 2021**