

## Minutes of meeting of the Western Health & Social Care Trust Board held on Thursday, 4 February 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  
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

2/21/1

### CONFIDENTIAL ITEMS

2/21/2

### CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the February Board meeting.

The Chair said it had been a challenging 10 months with huge pressure on staff. He added that he had never experienced anything like this in his lifetime and said he welcomed that it appeared we may be coming through this current surge. The Chair referred to the MP/MLA briefing which took place on 29 January and commended everyone in our community who are working hard to create a better state of normality. The Chair again stressed the importance of encouraging everyone to maintain social restrictions to minimise transmission and risk. He said

the good news of the rollout of the vaccination programme gave hope and complimented Trust staff for the administration of the mass vaccination centres.

The Chair referred to Dr Kilgallen's intention to retire in the summer. He said he would say more about Dr Kilgallen closer to her retirement date but that he wanted to acknowledge her outstanding leadership and commitment to the Western Trust.

2/21/3

### **APOLOGIES**

Apologies were received from Prof McKenna, Non-Executive Director.

2/21/4

### **DECLARATION OF INTERESTS**

There were no declarations of interests.

2/21/5

### **MINUTES OF PREVIOUS MEETING HELD ON 7 JANUARY 2021**

The Chair referred to the minutes of the Trust Board meeting held on 7 January 2021.

Following consideration the minutes were proposed by Dr O'Mullan, seconded by Dr McPeake and were unanimously carried by the Board as a true and accurate record of discussion.

2/21/6

### **MATTERS ARISING**

There were no matters arising.

2/21/7

### **CHIEF EXECUTIVE'S REPORT AND UPDATE ON COVID 19**

Dr Kilgallen referred to her report since the last meeting and provided members with an update on issues including unscheduled care; Covid; surge planning; acute mental health and learning disability hospitals, care packages and care homes.

Dr Kilgallen advised that as of this morning there were 195 deaths within our hospitals and acknowledged that each one of these deaths was a very sad event for a family. Dr Kilgallen said that both Altnagelvin Hospital and South West Acute Hospital continued to be in extreme surge.

Dr Kilgallen referred to the Trust's mass vaccination programme and said as of 2 February the Trust had completed 31,000 vaccinations. She said 1,400 vaccines had been administered yesterday as the Trust had now moved to vaccinate the general population of 65-69 year olds.

Dr Kilgallen concluded her report by referring to EU Exit and assured members that the Trust has an internal team that ensures that issues are captured and escalated to the Region.

The Chair thanked Dr Kilgallen for her informative report. He said while the report was dominated by statistics, these statistics were families that have been bereaved and said members very much identified with every family who has lost someone they loved. He recognised the huge pressure on staff both in hospital and community and the physical and emotional tiredness they feel. He said over the next few weeks and months it would be important for the Trust to support these staff and acknowledged that it would still be a long way to go to get back to a state of normality.

2/21/8

### **CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Dr McDonnell referred members to the Corporate Risk Register and Board Assurance Framework and said there continued to refinement of the risk register. There are 22 risks on the register as approved at Trust Board on 7 January.

Dr McDonnell referred to a proposal to amalgamate risk ID63 and risk ID66 and de-escalate the risk to the Adult Mental Health and Disability Directorate. Following consideration members unanimously supported this proposal.

Dr McDonnell referred to a proposal to align new merged risk ID1254 and said the Corporate Management Team is reflecting on how best to do this. She said due to intense clinical activity the CMT plans to do this in the weeks ahead.

Dr McDonnell said the agreed actions from the Trust Board workshop continue to be taken forward. She also referred members to the Covid19 risk indicators and referred to 3 early alerts in respect of homecare, learning disability and acute services.

The Chair acknowledged the significant work undertaken in reviewing the Corporate Risk Register.

Mrs Laird referred to the proposals regarding Risks ID63, ID66 and ID1254 and said these represented the very progressive work by the Board to manage the corporate risk register. She said she was very encouraged by the work and progress being made.

Dr McPeake referred to Risk ID213 and its range of indicators. He sought clarity on the indicator with regard to the number of vaccine incidents reported. Dr McDonnell explained that the Trust recorded reactions to the vaccine and included any incidents

with regard to operational arrangements. Dr McDonnell said the number of both was very small when compared to the number of vaccinations administered and said these are reported to Trust Silver on a weekly basis and the Trust Committee established to oversee the Trust's vaccination programme.

2/21/9

### **INFECTION PREVENTION AND CONTROL (IPC) COVID UPDATE**

Dr McDonnell referred members to her update report which focussed on Covid-related IPC issues. She reminded members that the Infection Prevention and Control Team continued to have an extensive role in the management of Covid19 and had been significantly involved with the management of any suspected or confirmed cases of Covid19, the continued development of Covid19 pathways, contact tracing and processes and outbreak management. Dr McDonnell said a workforce plan was being developed to further enhance and support the IPC Team.

Dr McDonnell referred to hospital acquired infections and the trend over January. She said the key learning themes arising from these outbreaks are shared for wider learning across the Trust via the Working Safely Together Group in its ECHO project subgroup and the weekly safety messages.

Dr McDonnell advised that the IPC team had developed a new audit tool to monitor staff compliance with the use of PPE and referred to audit outcomes for the period September – January. She said that Ward 5, Waterside Hospital was a significant outlier and explained that during this period Ward 5 was accommodating Greenhaw Lodge. Members were advised that Greenhaw residents have now returned to their own facility and are being supported by the Trust's IPC team.

2/21/10

### **QUALITY IMPROVEMENT MONITORING – FALLS**

Dr Brown referred members to this month's quality improvement overview in respect of compliance with the Fallsafe Bundle and the rate of falls across inpatient settings. He said that while falls continued to be the top incident reported within the Trust, work continued to raise awareness of falls prevention across all care settings. He said decreased compliance with adherence to the Fallsafe Bundle A and B is reported to the Nursing Share Point when audits are completed along with reasons for and action to improve. He added that discussion also takes place at the Safe and Effective Care Group so that learning is shared.

Dr Brown led members through ward compliance with the Fallsafe Bundle. He said that compliance with the Fallsafe Bundle was overall good however there were areas of variation. He summarised the assessments that are undertaken as part of the Fallsafe Bundle commencing with an assessment of previous falls history on admission and including for example, a review of medications a person may be taking. He also said that whenever a patient has a fall which causes an injury there should also be a post falls review undertaken by the team and where possible

involving the Falls Specialist practitioner. Dr Brown said that ward compliance is also considered alongside other Key Performance Indicators including for example, the malnutrition screening tool, Early Warning Scores and PPE audits.

Dr Brown referred members to a table which demonstrated the falls rate per 1,000 bed days and the rate of falls resulting in harm which were reported quarterly to the PHA. He said that overall the Trust's compliance with the Fallsafe Bundle for November 2020 was 95% for Part A and 92% for Part B. Dr Brown said the increased number of falls per 1,000 bed days could be attributed to the complexity of the patients and we are assessing the impact of the gradual increase in single room accommodation to understand whether or not there is an increased risk of a person falling when they are in a room of their own. He said compliance would continue to be monitored and work is ongoing with wards where there is variability through the safe and effective care reporting structure.

The Chair referred to single occupancy rooms in the South West Acute Hospital and asked if there was a notable difference in the number of falls between SWAH and Altnagelvin Hospital. Dr Brown said there was not however said that single occupancy rooms may pose a greater risk for a person who had a history of a fall, work that we are now undertaking to understand better.

Dr O'Mullan referred to compliance for Wards 21 and 23 in Altnagelvin Hospital. Dr Brown explained that these are surgical and orthopaedic wards where individuals are for example, recovering from joint replacement surgery, have a higher risk of having sustained a fall prior to admission, often people of older age. He said there could also be other contributing factors such as a person living with dementia however he assured that training is focussed for staff and confirmed that there is a lead member of staff on the ward to oversee continuous improvement and compliance with Fallsafe standards.

2/21/11

## **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 DECEMBER**

Mr Guckian referred to his financial performance report for month ending 31 December 2020. He commended all Directorate staff for working so closely with finance over the past 12 months to ensure all costs are captured.

Mr Guckian began by advising that the Trust's recurrent financial position remains the same with the Trust's underlining financial position being a deficit of £40 m going into 2021/22. Mr Guckian added that at month 9 the Trust's non-Covid deficit is £11.8m.

Mr Guckian advised that since the financial performance report was drafted for Board, the Trust had received a letter from the Permanent Secretary formally advising the Trust of further income of £4m and a confirmed control total of £15 m. In light of this Mr Guckian said the Trust would be changing its forecast deficit to £12 m against a control total of £15m. Mr Guckian said he was pleased to report that the

Trust is under its control total and functioning within the parameters the DoH has set for us.

Mr Guckian advised that Covid costs have been changing throughout the year and that in month 9 all Trusts had increased its projections to year end. He said the single biggest element of this increase is PPE. Mr Guckian the Trust was projecting a Covid spend of £63 m however this figure had gradually reduced to £58 m but since entering into surge 3 these costs had increased again to £63 m. Mr Guckian said the DoH has advised that we can expect to receive this full amount as it has the funds to cover it.

Mr Guckian referred to the Trust's performance against the Prompt Payment Target and said 95.02% of undisputed invoices were paid within 30 days of receipt against a target of 95%.

Mrs Laird asked if the Trust allocated any element of agency spend to Covid costs. Mr Guckian advised that where we are able to demonstrate that an agency cost is directly due to Covid it will be charged to Covid.

Mr Campbell welcomed the financial position and congratulated everyone on the Trust's positive financial position.

2/21/12

### **BANK MANDATES – UPDATE**

Mr Guckian asked members to authorise him as a cheque signatory on the Trust's bank mandates. He also said the former Director of Finance and former Assistant Director of Finance would be removed.

The motion was proposed by Mr Hegarty, seconded by Mr Campbell and carried unanimously by members.

2/21/13

### **PERFORMANCE MANAGEMENT INFORMATION – COVID IMPACT**

Mrs Molloy referred to her performance report and led members through a number of areas which she wished to highlight.

She confirmed that the reported information was for the month of December 20, the final month of the "Phase 3" Rebuild Plan which was previously submitted by the Trust to Department of Health. She emphasised that this was a particularly challenging month as the Trust was facing into surge 3 and had been asked to prepare to respond to a projected considerable increase in the number of COVID-19 patients in hospitals, with high levels of community transmission affecting services. She said this required the Trust to adapt its working practices to ensure patients and clients received services in a safe way, and that the highest priority patients and clients continued to receive services.

Mrs Molloy said that given these pressures, the Trust's performance against its Phase 3 plan for the period October – December 20 was remarkable, with many services meeting or exceeding its plans, and a small number of areas which had not been able to deliver services as planned.

Mrs Molloy said the Corporate Management Team has a dedicated meeting every month where it considers performance against the successive phases of Rebuild. Mrs Molloy then referred to Phase 4 rebuild which spans the period January to March 21, and said it was very difficult to give a prediction of performance at this time in some areas, given that the Trust must remain prepared to respond to COVID-19, and support other Trusts where required as part of the Critical Care Network. She said the CMT also wants to reflect on the impact of the sustained pressures on staff and services and to carefully consider how we should implement the next phase of rebuild.

Mrs Laird echoed the positive thrust of the performance report and put on record her sincere thanks to staff and marked their unbelievable contribution under challenging circumstances.

Mr Hegarty referred to the inpatient/day case waiting list and noted that it had increased from 5,000 in April 2019 to 11,000 currently. He noted that the Trust had escalated red flag and endoscopy to the Health and Social Care Board and asked what reaction had the Trust received to this and should discussion not begin on the wider issue of long waiting lists.

Mrs Molloy advised that focus in recent months has been on optimum use of theatre and bed capacity across our hospitals and said there has been a great deal of focus on how the Trust uses the independent sector capacity and in-house capacity for waiting lists. She added that across the Region there have been discussions about prioritising patients for elective care at a regional level, rather than on a Trust-by-Trust basis, and how day case can be used to support this. She said these discussions are ongoing with the DoH and confirmed that the Trust is fully involved in these.

Mrs McKay agreed with Mrs Molloy's comments and said it was very important for members to understand the link between the de-escalation of ICU beds and the restart in elective care. She advised that the majority of nursing staff redeployed into critical care have come from theatres. Mrs McKay accepted that there are complex surgical cases that need to be carried out but assured members that there are significant conversations between Directors and the regional critical care hub about prioritisation of these. She said the Region will consider when the time is right to restart elective but stressed it was very much linked to critical care capacity.

Dr Kilgallen echoed Mrs McKay's comments and said it was the same workforce that will be supporting elective work as is currently in critical care and supporting respiratory wards.

Mr Hegarty appreciated the stresses and pressures being experienced. He said that when elective restarts there will be huge waiting lists and he could not see the Trust being able to resolve this alone within current funding. He accepted that there needs to be Regional planning and support.

Mrs Molloy assured members that in discussion with the Health and Social Care Board the Trust has proposed steps it could take to addressing the waiting lists in a number of areas, and this had formed part of recent performance accountability meetings with the Health and Social Care Board.

Dr Kilgallen also advised that the Chief Executives and Health and Social Care Board are actively discussing this issue. She said before the COVID-19 pandemic Trusts were unable to meet the demand for elective care and that it was accepted by all that the elective care system needs to be redesigned. She said there have been some good examples of regional working and that there is learning from this.

Mr Hegarty said given the number of people on waiting lists within the Western Trust, the Trust should take every opportunity to look at what can be done to improve their access times.

The Chair concluded discussion by referring to a meeting the Trust Chairs had with the Health Minister yesterday. He said each Chair expressed common pressures and that the Minister was resolute in that Trusts must go forward on a regional basis, working together for better outcomes for patients. The Chair said the pressures within the Western Trust are not unique to the West and that he was encouraged by the Minister's objective to get to a better place on behalf of the people of Northern Ireland.

2/21/14

**WESTERN HEALTH AND SOCIAL CARE TRUST (WHSCT) ANNUAL EQUALITY PROGRESS REPORT APRIL 2018 – MARCH 2019 TO THE EQUALITY COMMISSION FOR NORTHERN IRELAND**

Mrs Molloy shared with members the Trust's Annual Equality Progress Report for the period April 2018 – March 2019 for approval. She said the extensive report gave an indication of the effort and sustained commitment across the Trust to meet its statutory obligations under Section 75 of the Northern Ireland Act 1998 and Section 49A of the DDO 2006. Mrs Molloy said there has also been significant progress in all areas of the Trust's Equality Scheme, Section 75 Equality Action Plan and Disability Action Plan.

Mr Campbell welcomed the extensive report and said his comments were in relation to the changing population needs and the level of deprivation in the Western Trust area. He asked did the capitation formula cover the Western Trust for all the pressures that deprivation brings.

Mr Guckian reassured Trust Board that the capitation formula allows for deprivation and said the Western Trust receives funding in excess of its capitation level however

the Trust makes the case for additional funding on the basis of complexity and severity of deprivation in the Western Trust.

Following consideration the Trust's Annual Equality Progress Report was proposed by Mr Campbell, seconded by Mrs Laird and carried by the Board.

2/21/15

### **DISINFECTION & DECONTAMINATION (PATIENT CARE EQUIPMENT) POLICY**

Dr McDonnell referred to the above revised policy for approval.

Following consideration the policy was proposed by Mr Hegarty, seconded by Dr McPeake and carried unanimously by the Board.

2/21/16

### **SUB COMMITTEE REPORTS**

#### **Finance and Performance Committee – Minutes of meeting held on 5 January 2021**

Mr Hegarty referred members to the minutes of a Committee meeting held on 5 January. He took members through the key points. He referred to the orthopaedic hub update and asked members to familiarise themselves with this narrative. He suggested a further update for Board members would be helpful into the future.

2/21/17

### **ANY OTHER BUSINESS**

There were no further items of business.

The Chair ended today's meeting by remarking staff's outstanding commitment and asked the media to reflect this. He asked if the media had any specific questions to please contact the Head of Communications.

2/21/18

### **DATE OF NEXT MEETING**

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

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**Mr S Pollock**  
**Chair**  
**4 March 2021**