

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 8 July 2021

PRESENT

Mr S Pollock, Chair
Mr N Guckian, Chief Executive

Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Rev Canon 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
Mr T Cassidy, Interim Executive Director of Social Work/Director
of Women and Children's Services
Ms K O'Brien, Director of Adult Mental Health and Disability
Services
Mrs G McKay, Director of Acute Services
Mrs T Molloy, Director of Performance and Service Improvement
Mrs K Hargan, Director of Human Resources & Organisational
Development
Mr A Moore, Director of Strategic Capital Development
Mr P Quigley, Acting Director of Finance

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive
Mrs Cardin, Assistant Director Acute Services, Ms Jordan and
Ms McLaughlin, Mental Health nurses (agenda 7/21/10 only)

7/21/1

CONFIDENTIAL ITEMS

7/21/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the July meeting.

- The Chair welcomed Mr Guckian who was attending his first Board meeting as Chief Executive and said the Board would continue to support him in his new role. The Chair also welcomed Mr Quigley, who is Acting Director of Finance.
- The Chair referred to the Trust's volunteering service which provides an amazing help to services and patients. He said while the service had been stood down during lock down he was pleased it was restarting again. The Chair added that Mrs Love, Volunteer Manager, would be retiring shortly and he paid tribute to Mrs Love for her leadership of the service and wished her well in her retirement.
- The Chair referred to the ongoing consultation on the policy proposals in respect of Duty of Candour and Being Open. He said internal arrangements had been put in place to develop the Trust's response within the closing date of 2 August. He said as there was no Board meeting in August, the Trust's draft response would be shared with members for comments and asked that members give this their full attention.
- The Chair referred to the report of the Inquiry into Hyponatraemia Related Deaths which contained 96 recommendations. He reminded members that a number of workstreams had been established to take forward implementation and that a Duty of Quality Workstream had been responsible for taking forward the key recommendations on leadership, clinical and social care governance and Board effectiveness. In this regard he advised that a HSC Board member handbook was the first product to emerge from the IHRD report and said it partially implemented recommendation 9 and recommendation 55. The Chair said the handbook had been produced for, and with the involvement of, Non-Executive Directors to prepare and support Board members in their important leadership roles to scrutinise the safety and quality of services with a strong focus on quality improvement, learning from error and ensuring that service users and staff have a voice.

The Chair said this was an important reference and that the link to the Handbook would be shared with members following the meeting.

7/21/3

APOLOGIES

Apologies were received from Mr J Campbell, Non-Executive Director.

7/21/4

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

7/21/5

MINUTES OF PREVIOUS MEETING HELD ON 10 JUNE 2021

The minutes of the meeting held on 10 June, were proposed by Prof McKenna, seconded by Rev Canon McGaffin and unanimously approved by the Board as a true and accurate record of discussion.

7/21/6

MATTERS ARISING

The Chair referred to speaking rights which had been granted to Alliance for Choice Derry at the June Board meeting. He said following the meeting Dr O'Brien had submitted a number of questions which the Trust had now responded to. He said he would copy the response to members for information.

7/21/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian said since taking up post on 1 July 2021 he had been concentrating on meeting with groups of staff, media and reaching out to key partners. He said the amount of good wishes he had received, both internally and externally, had been overwhelming.

Mr Guckian thanked his predecessors Dr Anne Kilgallen and Mrs Elaine Way for their leadership of the Trust since 2007 and reassured members that he would not be altering the governance structures and processes they had put in place.

Mr Guckian outlined his main priorities and said these would be to support staff through recovery by creating a group to focus on identifying/assessing staff adversely affected by Covid and targeting services to support them; to rebuild services towards pre-Covid pandemic levels, subject to continuing restrictions; reflect and learn from how we performed during the pandemic and bank as many improvements as possible; continue to implement the recommendations of the Governance Review and continue the focus on SAIs; and continue our excellent progress on our finances.

Mr Guckian provided members with an update in relation to a number of service areas. He said the Trust welcomed the recent commitment of £400k from the DoH towards the continued modernisation of Mental Health Services in Omagh.

Mr Guckian referred to Phase 5 of the Trust's rebuild plans and said the Trust had over-delivered. He added that as transmission rates had reduced and services worked through their individual plans for rebuild, officers had become more accurate in setting and achieving plans. He said the Trust had entered the period of Phase 6 Rebuild which would cover the summer months of July and August.

In the coming days Mr Guckian said the Trust was expecting to reach the milestone of 200,000 doses given by the Trust's Vaccination Programme. He said the programme was continuing to respond with new ways of reaching those who have not yet received their vaccination and the Trust began "walk in" clinics on 29 June and a programme of pop up clinics over July will reach out to try to increase vaccination uptake, particularly in the younger age groups. In addition a mobile clinic was held on 23 June. Mr Guckian said there was a great deal of concern about the spread of the delta variant and said it was important that people come for their vaccination and use the additional access the Trust has created in this final phase. He said he also wanted to ask people to complete their vaccination by receiving their second dose appointment or if they have missed that appointment, to come to one of the Vaccination Centres.

Mr Guckian said attendances had continued to increase across both Emergency Departments and said unscheduled pressures had increased right across the Region. He said the system was working together to respond to this increasing pressure regionally.

Mr Guckian said that the Trust had experienced a rising number of Covid positive results in the community and in hospital. He said hospital numbers in Altnagelvin had risen sharply in recent days with there was now 20 Covid positive patients and 4 positive Covid positive patients in South West Acute Hospital. He added that there were 2 outbreaks in Altnagelvin Hospital. Mr Guckian said that both of these factors were impacting on elective work and as a result 12 elective procedures had to be postponed and a reduction in surgical capacity had resulted in 15 patients having their surgery postponed today and tomorrow. Mr Guckian apologised to these patients and said the Trust would seek to rearrange dates as soon as possible.

Moving to staff support Mr Guckian advised that in March 2021 the Department of Health donated £3m to the Trust's Charitable Funds for the general benefit of all staff. He said the Trust was now establishing a sub group of the Endowments and Gifts Committee to oversee the administration of this fund. He said the sub group would be chaired by Karen Hargan, Director of Human Resources and Organisational Development and would include staff representatives from across the Trust including staff from various professional groups, trades unions representatives, the HR Assistant Director responsible for Occupational Health and Wellbeing and a member of the Trust's Ethnically Diverse Staff Network. Mr Guckian said it was anticipated that this funding would enable the Trust to provide support in a number of areas including general occupational health, health and wellbeing, psychological therapies, team building and support for teams and any other needs identified by the group.

Concluding his report Mr Guckian welcomed Mr Quigley to the Senior Management Team and Trust Board and said he would be covering the role of Director of Finance and Contracting for the next 3 months. Mr Guckian said he hoped that staff would get a rest over the summer months after what has been the most challenging 16-17 months.

The Chair expressed concern with the transmission of Covid in the North West and reminded the public of the IPC messages previously communicated.

Mr Guckian said in previous surges services had been downturned but in this surge the Trust was dealing with increased numbers in unscheduled care along with an increase in number of Covid positive patients.

Mrs McKay advised members that Altnagelvin had now reversed to surge level 1 where the hospital had converted 14 beds to the Covid pathway. She reassured members that everything would be done to rebook those postponed patients as soon as possible. She said there was a proposal to reinstate Ward 43 as a green elective area and a plan to move 2 elective sessions to the South West Acute Hospital to ensure patients receive their surgery. She said the clinical team would move with the patients. Mrs McKay added that the increase in numbers of positive Covid patients was moving very quickly and that there were was a varying age group of patients between the ages of 24 and 80. She said additional staffing would be put in place over the weekend to deal with the demand and that she had asked for data on the number of staff self-isolating or affected by Covid so that management can consider nurse to bed ratio.

Dr McDonnell said in recognising this pattern of increased community transmission the Trust was working with the PHA and District Councils. She said the increase in community transmission was being seen right across the region and there was a need to encourage the younger age groups to come forward for vaccination.

The Chair referred to the relaxation of restrictions and encouraged the public to remain within the PHA guidelines. He said the delta variant was very concerning given how contagious it is and that it is affecting a younger age group. The Chair encouraged members to promote vigilance and safety.

Mrs Laird asked was there a pattern of people who are double vaccinated contracting Covid. Mrs McKay said there was a mixture among the positive patients with some being double vaccinated and some single vaccinated.

Prof McKenna asked were the hospitals seeing any admissions in respect of patients suffering from long Covid. Mrs McKay advised not to date however she said the Trust had funding to establish a community based support service for this patient group.

7/21/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell referred members to the Trust's Corporate Risk Register and Board Assurance Framework. She said there were 19 risks on the Corporate Risk Register as approved at Trust Board on 10 June 2021.

Dr McDonnell shared a number of proposals requiring consideration. She referred to a proposed new corporate risk on service rebuild post Covid surge to replace Covid Risk ID1213. Following consideration this proposal was unanimously approved.

Dr McDonnell shared a proposal to de-escalate risks ID1213, ID547 and ID1207. Following consideration these proposals were unanimously approved.

Dr McDonnell shared an update in respect of the alignment of corporate risks to sub-category and risk appetite. She said there would be more informed discussions at a Corporate Management Team meeting during July and she would bring this back to Trust Board in September for discussion.

Members noted updates on actions from the Trust Board workshop.

Mr Guckian referred to the risks categorised extreme and assured members that these were the areas the CMT regularly update members on and said this provided assurance that these areas are receiving attention.

7/21/9

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell referred to her report within papers. She advised that since her report had been shared with members there had been 2 Covid19 outbreaks within Altnagelvin Hospital which were being managed by ward staff and the Infection Prevention and Control Team.

Dr McDonnell referred to the Infection Prevention and Control programme of Covid19 training sessions and said as of 29 June, 61 sessions had taken place with a further 12 sessions planned. In relation to IPC mandatory training, members noted this training had moved online and a new e-learning programme had been launched across the Trust. Dr McDonnell said that for the year 20/21, 43% of staff had attended this training and added that while the attendance target was 50%, attendance had increased by 13% from the previous year.

Members were advised that the new 21/22 reduction target for *C. Difficile* had not yet been issued. She said since the beginning of April 2021, 22 cases had been reported with 11 of those being categorised as healthcare associated. Dr McDonnell referred members to a graph which illustrated the overall compliance with all of the elements of the *C. difficile* care bundle for Altnagelvin Hospital and South West Acute Hospital.

Dr McDonnell continued on MRSA bacteraemia performance and advised that the reduction target for 21/22 had not yet been issued. She said since the beginning of April, 2 cases had been reported, with one of those being categorised as healthcare associated.

Dr McDonnell concluded her report by referring members to hand hygiene compliance outcome. She assured members that the hand hygiene dashboard has been circulated to Directors for action through their governance arrangements.

7/21/10

NIGHTINGALE GLOBAL NURSE LEADERSHIP DEVELOPMENT PROGRAMME

The Chair welcomed Mrs Cardin, Assistant Director Acute Services, Ms Jordan and Ms McLaughlin, Mental Health nurses, to the meeting. Dr Brown made introductions and thanked Mrs Cardin for her commitment in implementing the Nightingale Global Nurse Leadership Development Programme, the aim of which was to develop nurses and midwives leadership, policy making, quality improvement and partnership working skills as part of the global 2020 Nightingale Challenge.

Mrs Cardin advised that the Global Nurse Leadership Programme participants had designed a QI project as part of their course which culminated in a workshop which provided the opportunity for participants to share their work with other Nightingale participants. She said an example of this work by the Western Trust participants, Ms McLaughlin and Ms Jordan was to undertake early work to develop a concept for launching a co-produced, individualised, self-help mobile phone/tablet App named SHARA – Self Help Anxiety Reduction App. Ms McLaughlin and Ms Jordan were invited to share their work to date.

Ms McLaughlin and Ms Jordan shared their journey to date. They said in collaboration with senior nurses, the Quality Improvement Team, senior management within the Trust and with expertise from the Ulster University, they had undertaken some early work to develop the concept for potentially launching an App to help minimise and target early and mild anxiety in the local adult population. They said they believed the App would be an innovative approach which offered the opportunity for local people in need of support to have access to early self-help with mild anxiety from the safety of their own home, or home-like setting to help prevent their symptoms from deteriorating.

Prof McKenna said the development of the App was a very exciting project and felt that this was one of the best he had seen. He said he particularly liked how the app involved family members as well as multi-disciplinary staff. He encouraged Ms McLaughlin and Ms Jordan not to give up on the hope of funding and that he would be happy to speak to them outside the meeting.

Rev Canon McGaffin commended Ms McLaughlin and Ms Jordan for their work to date and said the app was current and easily accessible for people.

Mrs Laird also commended the development of the app and conveyed her warm congratulations. She said she was interested to hear more and suggested they might like to attend a meeting of the Improvement through Involvement Committee so that learning can be shared. She suggested the possibility of “Business in the

Community” being a helpful resource and said that she could make introductions if that would be helpful.

Dr McDonnell said that she had the privilege of working with Ms McLaughlin and Ms Jordan in her professional role and said that she was impressed with them. She thanked Dr Brown and Mrs Cardin for creating the opportunity for staff to grow and develop.

Mr Guckian said one of the challenges for the Trust is that QI work is directed to areas that make an impact on our staff and our priorities and he said this project certainly did. He wished them well in the continuation of their project and asked that members are kept up to date.

The Chair concluded by saying that the Board appreciated the presentation.

7/21/11

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MAY 2021

Mr Quigley advised that the Trust continued to work with the DoH and HSCB with regard to its budget for 2021/22. He said the budget settlement position was particularly complex this year as Trusts are rebuilding services while managing Covid19 response.

Mr Quigley concluded that the Trust had paid 89.97% of its undisputed invoices with suppliers within 30 days at 31 May 2021.

7/21/12

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred to her reports within papers which provided a detailed review of performance as at May 2021.

Mrs Molloy advised that Phase 6 Rebuild plans were submitted to the DoH mid-June 2021, and these had now been termed ‘delivery plans’ going forward. She said the Phase 6 plan was for the period July and August 2021. She said the Trust had also been asked to revert to its pre-pandemic elective monitoring processes and to produce activity projections for elective hospital care. She said the approach to activity projections for community services remained unchanged from previous phases and that activity delivered in 2019/20 was being used to make an assessment of how the Trust was delivering against pre-Covid levels.

Mrs Molloy noted that delivery across many service areas was showing good progress towards attaining the pre-pandemic level of delivery, and the currently attained level of delivery was summarised within her report. She added that while overall demand was not at pre-pandemic levels, the pattern of referrals showed

significant growth in urgent and crisis referrals, and this continued to impact on routine waiting times.

Members were advised that regionally the work programme to increase capacity had focussed on Waiting List Initiative (WLI) plans which had been agreed with Trusts for the first half of the year. Mrs Molloy said in-year funding had been confirmed and Trust plans involved utilising available non-recurrent funding to increase in-house capacity where this was possible and to secure capacity from independent sector providers to see and treat patients of the highest clinical priority.

Mrs Molloy referred to key issues during May. She said these included a marked increase in Emergency Department attendances; the 14 Day breast cancer pathway continued to remain challenging with some improvement demonstrated at end of June 21; and emergency and urgent demand had increased across a range of services with the complexity of patients presenting across CAMHS and Psychological Therapies having increased. Mrs Molloy acknowledged the work done in these services and assured members that these services would be monitored going forward.

Mrs Molloy took members through the detail of her report in respect of acute services, community services and children's services.

Mrs Molloy continued by sharing the Covid19 position and advised that as of 28 June there were 3 patients in Altnagelvin and 4 patients in South West Acute Hospital who were Covid19 positive. She added that as of 28 June there had been 219 deaths in our acute hospitals as a result of Covid19. Mrs Molloy said that she would continue to share the Covid positive position with members over the summer period.

Dr McPeake thanked Mrs Molloy for her report and the openness and transparency of the information. He referred to the significant increase in respect of skin cancer and asked was this because numbers were usually low. Mrs Molloy agreed and said that this position was being carefully monitored however what was being seen was a delay in people coming forward with concerning symptoms with regard to suspect skin cancer.

Mrs Laird referred to waiting list initiative funding and asked if there would be any additional funding to enable the Trust to meet the 14 day breast cancer target. Mrs Molloy advised that the Trust received an allocation within WLI funding for fast lane breast clinics and the HSCB was committed to continuing to fund these. She added that the Trust was pressing for a programme of investment that allowed services to build more capacity in the longer term as the Trust cannot build sustainable capacity increases in this service with non-recurring funding. Mrs Molloy said the Trust had a history of high performance in this area. Mrs Molloy also reminded members that the Trust see patients from other parts of the region at its fast lane clinics when their services are under pressure.

Mrs Laird thanked Mrs Molloy for this update and asked that members are kept informed of future developments for this service.

Mrs Laird also referred to the Trust's Corporate Risk Register and asked if enough emphasis was being placed on endoscopy. Mrs Molloy assured that the service was a high risk on the Acute Services Directorate Risk Register but suggested CMT could further discuss this risk outside the meeting. Mrs Laird thanked Mrs Molloy for this.

7/21/13

ELECTIVE CARE FRAMEWORK FOR NORTHERN IRELAND

Mrs Molloy advised that on 15 June 2021 the Elective Care Framework was published by the Minister Swann. She said the Framework acknowledged that Northern Ireland is considerably out of step with the access times in other parts of the UK, and that EDs are becoming the default entry pathway for people whose condition exacerbates or becomes urgent.

Mrs Molloy said the Framework referred to the previous Elective Plan of 2017, and acknowledged that while good work had been done, the necessary level of investment had not been made available, and investment that had been provided had been piecemeal. Ms Molloy said that the Framework requires significant resources.

Mrs Molloy said the Framework introduces possible solutions to the current position in that it acknowledges the critical reliance on the HSC workforce and that investment in our workforce and engagement with our staff is a critical step in delivery. Mrs Molloy said the Framework proposes that digital innovation should be maximised and that there should be changes to how access to services is measured, and performance managed, and how financial flows to remunerate delivery should operate.

Mrs Molloy said the implementation planning for delivery of the Framework is being discussed at the Rebuild Management Board.

Mr Guckian said that the Minister has signalled that reducing waiting lists for planned care is a clear priority. He added that the Minister has asked the Department of Finance and Assembly to support the Framework and provide the necessary funding to enable its implementation.

The Chair acknowledged the importance of the Framework and recognised that while it was hugely ambitious, the Minister would receive the Board's full support. The Chair supported the Minister's view that waiting lists are the biggest challenge for Trusts.

Dr McPeake welcomed that the Framework recognised ongoing recurrent support for elective care but acknowledged the Trust's difficulty in recruiting staff. He said the Trust needed something more than money to resolve workforce challenges particularly when there are jobs in other locations.

Mr Guckian assured Dr McPeake that waiting lists would become regionalised and said if a particular Trust is challenged with regard to its workforce, the service would be provided elsewhere.

Mrs Molloy referred to the “test of change” in the South West Acute Hospital and said this involved consultants coming from Belfast and working in SWAH. She said there would be a requirement for staff to be flexible and said the solution to managing waiting lists would come if the entire system worked collectively.

Mrs McKay said as Chair of the Northern Ireland Orthopaedic Network she was involved in developing a recovery plan by autumn in response to the Framework. She added that part of this was looking at capacity and approach and as part of this work the Network had asked for consideration to be given to similar regional services such as critical care where doctors and nurses who have the skills could be deployed to the areas that are providing the care. She said a change in how we work will be key to the success of the Framework.

Mr Hegarty noted the Framework and asked the Trust distil the Framework into a Western Trust plan to reduce waiting lists. He asked that the Trust’s plan is monitored at Board level every month to enable progress made to be noted.

Prof McKenna referred to research that 80% of medical students will work 20 miles of where they went to medical school. He said there would be 80 medical students starting in Magee, Ulster University in September along with nursing and AHP courses being provided in Magee also. He said if the Trust involved these students from year 1 and developed a positive relationship with them by the time the students graduate at year 3 they would feel part of the organisation and more likely to apply for jobs in the Western Trust.

Mrs Laird said it was important for the Board to consider and understand all the elements of the Framework. She said she would like more time as a Board to fully understand the specific issues for the Western Trust in respect of solutions and asked if there would be an opportunity to do this.

Mrs Molloy said she would be happy to work with the Chief Executive on what more detailed information could be shared with Trust Board in the months ahead, recognising this is a long term plan.

Rev Canon McGaffin referred to the NHS Highland and Island Trust in Scotland, and said the Trust had given dental students a contract to remain with the Trust post qualifying. She said this allowed students to stay and embed into the community and improved a challenged workforce situation.

The Chair supported the need for Trust Board to further consider the Framework. He said he was hopeful that with courses being provided by Ulster University at Magee that opportunities to attract and retain attracting staff would improve for the Trust.

7/21/14

BANK MANDATES

Mr Quigley shared with members a number of changes that are required to the Trust's bank mandates.

Following consideration the proposals were proposed by Rev Canon McGaffin, seconded by Mr Hegarty and carried by the Board.

7/21/15

POLICIES

Acting Up/Temporary Internal Promotion policy

Mrs Hargan referred to the above policy for approval. Subject to minor amends with wording the policy was proposed by Mrs Laird, seconded by Dr O'Mullan and unanimously supported by the Board.

7/21/16

SUB COMMITTEE REPORTS

Finance and Performance Committee – minutes of meeting held on 8 June 2021

Mr Hegarty referred members to the minutes of a Finance and Performance Committee held on 8 June for information. He said discussion on cancelled appointments would continue at the Committee's next meeting.

Audit and Risk Assurance Committee

Minutes of meeting held on 9 June 2021

Members noted the above minutes.

Audit and Risk Assurance Committee Annual Report 2021

Members were referred to the Audit and Risk Assurance Committee Annual Report which reflected the business for 2020/21 which had already been reported to Trust Board. Following consideration the Annual Report was unanimously approved by the Board.

Governance Committee

Minutes of meeting held on 7 April 2021

Members noted the above minutes.

Briefing from meeting on 23 June 2021

Dr McPeake shared a briefing from the Governance Committee meeting held on 23 June. He said discussion demonstrated the positive things that have happened since the Committee's last meeting including the number of positive outlets in respect of legionella had reduced, a sustained improvement in SAI reports and reinstatement of volunteering.

Mrs Laird sought clarity on the report of Committees to Board. The Chair advised that minutes of Committee meetings should only come to Board once approved at the next Committee meeting. However, Committee Chairs have the opportunity to brief Board of urgent critical issues until the minutes have been approved.

7/21/17

ANY OTHER BUSINESS

There were no further items of business.

7/21/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 2 September 2021. Venue will be confirmed in due course.

**Mr Sam Pollock
Chair
2 September 2021**