

**Minutes of a meeting of the Western Health & Social Care Trust Board held on
Thursday, 2 September 2021**

PRESENT

Mr S Pollock, Chair
Mr N Guckian, Chief Executive

Mr J Campbell, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Rev Canon 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
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

Mrs T Brown, Head of Clinical Quality and Safety
Mr D Nugent, Communications Manager
Mr S McCaul, Risk Manager
Mrs M McGinley, Executive Officer to Chief Executive

8/21/1

CONFIDENTIAL ITEMS

8/21/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the September Board meeting and in particular those members of the public who had joined. He said he had hoped the Board could

have come together in person but this was not possible due to the increase in community transmission.

The Chair said today was Mr Moore's last Trust Board meeting as he was due to retire from 3 September. He said as the Trust's Director of Strategic Capital Development Mr Moore carried responsibility as the Trust's Senior Responsible Officer for a £1bn+ capital development programme which had included the ongoing redevelopment of Altnagelvin Hospital, the construction of the North West Cancer Centre, the construction of new South West Acute Hospital and the new Omagh Hospital and Primary Care Complex. On behalf of the Board the Chair wished Mr Moore a long, healthy and happy retirement.

The Chair thanked Mr Guckian for his very helpful updates during the summer which had been very informative.

8/21/3

APOLOGIES

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

8/21/4

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

8/21/5

MINUTES OF PREVIOUS MEETING – 8 JULY 20201

The minutes of the previous meeting having been distributed were proposed by Mrs Laird, seconded Mr Hegarty and unanimously approved by the Board as a true and accurate record of discussion.

8/21/6

MATTERS ARISING

There were no matters arising.

8/21/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian shared with members a comprehensive report of business from the last meeting which included position report with regard to the hospital sites, community transmission, staff support, vaccination update and Phase 7 rebuild.

The Chair thanked Mr Guckian for his very comprehensive report.

8/21/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell referred members to the Corporate Risk Register and Board Assurance Framework. She said there were 17 risks on the risk register as approved at Trust Board on 8 July 2021.

Dr McDonnell referred to a proposal for 2 new corporate risks from the Women and Children's Directorate relating to ongoing pressures on services locally and across the region. She said the first was in respect of clinical risk regarding delayed transfer of babies and children to other hospitals and the second related to the delay/inappropriate placement of children assessed as requiring inpatient mental health care.

Mrs Laird referred to the Northern Ireland Specialist Transport and Retrieval Service (NISTAR) and its interface with the Belfast Trust. Mr Cassidy explained that NISTAR is a regional resource for the specialist transfer of children and babies to the Children's Hospital in Belfast and advised that the service had unfortunately been experiencing staffing challenges.

Mr Cassidy recommended both risks be added to the corporate risk register.

Mrs Laird said she would support these recommendations.

Mr Campbell asked if the impact of NISTAR was being experienced by other Trusts. Mrs McKay advised that she sits on the regional Board of the Critical Care Network for Northern Ireland (CCNNI) and that CCNNI is responsible for the transfer of all critically ill patients. She said at every opportunity concerns are escalated to the HSCB and DoH and said this has been done in respect of the NISTAR service. She said that other Trusts have also added the delayed transfer of babies and children to their corporate risk register.

Mr Campbell asked how the Trust escalated its concern with regard to the delay in transferring babies and children. Dr McDonnell said the Trust was putting on record its concern through its discussion today and by escalating the risk to the corporate

risk register. She said Mrs McKay would continue to influence regionally through the CCNNI network by articulating the concerns of the Western Trust.

Mr Hegarty asked what percentage of transfers are undertaken by NISTAR against Proparamedics. Mr Cassidy said that he would provide this information to Mr Hegarty. Mr Hegarty asked further if there were plans to improve NISTAR's ability to develop its service. Mrs McKay responded that work was ongoing to support NISTAR and that all Trusts had been asked again to provide additional support to the regional service. Mrs McKay however assured members that when NISTAR is not available, the transfer will take place either through Proparamedics or the Northern Ireland Ambulance Service.

Following consideration the 2 new proposed corporate risks were approved.

Dr McDonnell shared with members a proposal that the Covid risk be re-escalated to the Corporate Risk Register. She said the CMT believed a separate risk was required to capture the specific local and regional issues and actions required in a Covid surge environment including ongoing surge planning reviews. She added that in conjunction with this the option of temporary de-escalation of the rebuild risk ID1316 should be considered with re-build effectively suspended. Following consideration members unanimously supported this proposal.

Dr McDonnell referred members to an update to the title and description of risk ID1183 in respect of the Mental Capacity Act. Following consideration members unanimously supported this proposal.

Concluding her report Dr McDonnell referred members to an update on the outstanding actions from the Trust Board workshop.

8/21/9

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell referred members to an update on infection prevention and control across the Trust. Her report included an update in respect of:-

- Covid19
- Reduction Targets
- Performance in respect of *C. difficile*, MRSA and GNB; and
- Surgical site surveillance

Dr McDonnell said with increased demands upon the IPC Team and within the current IPC resources, there were challenges in attending to other routine work.

8/21/10

QUALITY IMPROVEMENT MONITORING – PRESSURE ULCERS

Dr Brown referred members to the quarterly improvement plan in respect of pressure ulcers. He summarised a number of key aspects for members.

Dr Brown said the narrative summarised the work around pressure ulcer reduction specifically focussing on the use of the skin care bundle. He added that staff monitor compliance and report results to the PHA. Dr Brown said during the past 18 months the tissue viability team had seen an increasing number of referrals and said the pandemic had had an impact on complexity and acuity of needs for patients and the team had been asked to provide additional education and support to staff, which has been a challenge for team capacity.

Dr Brown said improvement work had continued and the team had reviewed the Datix template to ensure it was fit for purpose and to ensure learning is achieved when investigations are undertaken. He added that on Ward 24 Altnagelvin Hospital there had been a specific QI project since January and this was having a positive impact. Dr Brown then led members through the statistical information within the report.

Dr McPeake thanked Dr Brown for his very detailed report but felt it was difficult to get an overall picture as performance was variable across wards. He asked was performance related principally to compliance. Dr Brown said it was and added that where there was variable or poor performance, the evidence was very clear, and that this is highlighted with local ward teams to inform improvement work required. Dr McPeake asked if performance was similar in other Trusts. Dr Brown said the Trust received an annual report through the PHA and the Trust compares its performance with other hospitals. He said the last report showed consistency in performance across the region.

Dr McPeake asked what learning could be taken forward. Dr Brown assured members that the Trust has a very mature approach through its tissue viability service and accepts there is always scope for learning. He said he would like to see a wider local or regional quality improvement collaborative across a group of wards to focus on achieving 100% compliance with use of the pressure ulcer prevention bundle of interventions and that the tissue viability service would look at this when the conditions are right.

8/21/11

ENVIRONMENTAL CLEANLINESS REPORT

Dr Brown referred members to the Environmental Cleanliness Audit Report Overview report for the period April – June 2021. Dr Brown said overall compliance across the

bi-monthly audits was 96%, 98% and 98% with compliance for the quarterly audits being 88%. Dr Brown said overall demand on services had led to an inability for some areas to undertake audits however assured members that these areas would complete the audits in due course.

8/21/12

POLICIES

1. Data Protection & Confidentiality

Mrs Molloy referred members to an updated policy for approval. She advised that the policy had been subjected to a very thorough process through the Trust Information Governance Steering Group and said all amendments related to legislative or regional policy changes or additional guidance. Mrs Molloy said the policy included new or additional information to reinforce data protection messages due to an increase in remote/home working or in terms of learning from reported data breach incidents.

Mrs Laird asked if there was sufficient guidance where covert recording is required to take place. Mrs Molloy referred to a specific section within the policy which had been included.

Mrs Laird referred to "Bring Your Own Device" and asked if this presented significant challenges and would controls be sufficiently reflected in internal audits. Mrs Molloy assured members that there have been very thorough and robust processes in place before the Trust moved to this and said controls were part of the Trust's internal processes of assurance. Mr Guckian assured that the vast majority of staff using their own devices would not be accessing patient or client information and where they are, there are strict controls in place.

Following discussion it was agreed that ICT would be asked to outline current controls with Finance considering whether the controls need to be audited as part of the Trust's internal audit programme. Mr Quigley to take this forward.

Following consideration the revised policy was approved.

2. CCTV

Mrs Molloy advised that this policy had come to Trust Board previously but an operational issue had arisen in relation to the Trust's approach and role in respect of covert surveillance. Mrs Molloy said the briefing note set out the specific issues and the Trust's links with the PSNI and its support when the Trust is required to do this. Mrs Molloy added that to support the amendments in the CCTV policy, changes were also required to the Staff Privacy Notice.

Following consideration the revised policy was approved.

3. Transfer Policy for Neonates, Infants and Children

Mr Cassidy shared with members a revised policy in respect of the Transfer of Neonates, Infants and children.

Following consideration the revised policy was approved.

4. Northern Ireland Regional Point-of-Care Testing

Following consideration the revised policy was approved.

5. Management of Medical Devices

Following consideration the revised policy was approved.

8/21/13

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 JULY 2021

Mr Quigley referred members to the Trust's financial performance reports for months 3 and 4. At month 4, he advised that the Trust was reporting a deficit of £15.4m of which £2.4m related to Transformation and Covid19 expenditure. He said the projected deficit for the year is £53.3, £44.6m core deficit and £8.7m Covid19 deficit. Mr Quigley confirmed that the Trust's Control Total for 2021/22 has been confirmed at £12m.

Mr Quigley advised that discussions are ongoing with the DoH and HSCB in relation to the Trust's financial plan and said regional bids are being submitted for both Trust core deficit and Covid19 deficit as part of the October Monitoring bid processes.

Mr Quigley advised that the DoH has written commending the Trust on its progress to date on its Recovery Plan and said all Recovery Plan workstreams which were delayed in 21/22 due to the pandemic were operational again.

Concluding his report Mr Quigley advised that the Trust had paid 93.3% of its undisputed invoices with suppliers within 30 days at 31 July 2021.

Mr Guckian said the past 12 months had been challenging for health and social care finance and said the system was relying on October monitoring for additional funding. He said he could confirm that the Western Trust was not out of kilter with other Trusts as all Trusts are experiencing a similar deficit position. He however said the Western Trust was the only Trust to have a control total.

Mr Campbell thanked Mr Quigley for his update and said he welcomed the new format of the financial report which provided trends and identified new challenges. Mr Campbell referred to the Trust's control total and asked how confident was the Trust that it would achieve it. Mr Quigley said at month 4 the Trust was showing a deficit of £15.4m. Mr Guckian said the Trust awaited the outcome of the October monitoring.

Mr Campbell asked that members are updated on progress of the Trust's Recovery Plan workstreams in due course. Mr Quigley advised that a Recovery Plan update was provided to the Finance and Performance Committee and it could consider what comes to Trust Board.

Mr Hegarty said it was important to put the Trust's finances into context. He said the Trust's deficit of £53.3m included Covid19 costs of £8.7m. He said the Centre would strive to cover Covid19 costs for all Trusts however, in addition the Trust had a recovery plan, created by unrealistic savings plans compounded year on year. He said the Trust needs October monitoring to non-recurrently resolve its deficit position but that in reality the Trust needed additional recurrent funding to bridge the gap and bring the Trust into line with other Trusts. Mr Hegarty welcomed that there was a suggestion that the Centre will not see the Trust in recovery but similar to other Trusts.

Mrs Laird referred to the management of Covid expenditure and asked for more information. Mr Quigley said he would bring a brief to members. He assured members that the Trust has good dialogue with the DoH on this and that Trust officers are liaising with Departmental colleagues to ensure all Covid costs are captured.

8/21/14

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to her performance report within papers.

She advised that Phase 6 September 2021 Service Delivery Plan had been submitted at the end of August 2021. She explained that the plan was prepared on the basis that the Trust would continue to run in a steady state during September 2021, enabling incremental rebuild to continue. Mrs Molloy said there were a number of factors however which would indicate that these projections are at high risk, particularly within hospital services. More generally she added that the service delivery would be impacted due to the increasing levels of staff isolating, the need to protect emergency and crisis services, and the requirement to respond to Surges across the system. Therefore, the September Service Delivery Plan has been submitted with caveats to take account of these issues.

Mrs Molloy advised that during July 2021 while most service areas had continued to grow in comparison to pre-pandemic levels delivery across some areas were showing a reduction on the June 2021 position due to the most recent COVID19 Surge 4. In hospital services, she said inpatients had seen a reduction from June 2021 as the service was scaled back to support ICU and respiratory wards in our acute hospitals and the increasing number of staff isolating. Community services have also been significantly impacted with both AHP and Mental Health Services experiencing workforce issues COVID-19 and Non-COVID19 related sickness.

Mrs Molloy continued to share performance across a range of services including:-

- Cancer performance
- Diagnostics
- Elective care
- Unscheduled care
- Complex discharges
- Dementia Services
- AHP Services

Mrs Molloy said she would like to reiterate the earlier comments made by the Chief Executive in that the experience of her and her Directorate is that they were seeing a picture of service teams who are balancing multiple pressures and priorities every day and are seeing teams that have been incredibly adaptable to pressures to meet the needs of their patients and clients. She said she was very impressed by these service teams.

Mr Guckian reminded members that the Trust is a service organisation with services being delivered by our workforce which is very challenged at the moment across all programmes through staff isolating, COVID-19, other sickness and vacancies. Mr Guckian said it was important that what we ask of staff is doable, we are a demand led service and that is particularly challenging over the next few months as the Trust plans for winter. Mr Guckian said this dominated the CMT's discussion.

Rev Canon McGaffin referred to virtual contacts and asked if these had plateaued. Mrs Molloy advised that the Trust was using virtual contact flexibly and in times of surge, clinical teams were using them more. It was noted that it was difficult to predict how virtual would be into the future however virtual is woven into business as usual as clinical teams have seen the benefit of virtual contact.

Mrs McKay said some specialities would continue to use virtual as a number of services lend themselves to this but added there was a high volume of patients that need to be seen face to face. She said it was a mixed picture but some specialities have changed how they work.

Mr Cassidy noted with disappointment the deteriorating position within the Child & Adolescent Mental Health (CAMHS) service given the excellent work that had been done to reduce the waiting list. He said COVID-19 had increased demand for the service. Mr Cassidy assured members that telephone contact and virtual appointments to assess children and young people are taking place and where possible face to face appointments are being facilitated. Mr Guckian said in his report he spoke of pressures within community services and said when staff are self isolating they are not available to visit families. Mr Cassidy also assured members that all child protection services are covered.

Mr Cassidy said in relation to virtual contact in respect of children's services, his Directorate had found there was a digital poverty with not everyone having the technology to be able to link with the Trust. He said the Trust was working with young people in particular to resolve this situation.

Mrs Laird said in the midst of looking at performance, workforce issues were at the heart of everything. She asked for more visibility of control in respect of absence in relation to COVID-19, other absence; and issues around recruitment and retention.

Mrs Laird asked in relation to Elective Care funding how would the Trust monitor this going forward. Mrs Molloy advised that in respect of waiting list initiative monitoring, she gave a regular report to the Finance and Performance Committee and that she would propose to include more information on this into her monthly performance report to members, given its significant scale in 21/22.

Mrs Hargan referred to workforce challenges and said all Trusts were experiencing similar challenges. She said that she agreed with Mrs Laird's concerns but assured members that absence in respect of staff isolating, COVID-19 and normal sickness absence are the subject of significant discussion at present and HR is putting in place additional resources in Occupational Health to support this. On reflection, Mrs Hargan suggested that further consideration should be at People Committee to consider what needs to come back to Trust Board. Mrs Laird said she would be very content with this proposal.

8/21/15

**CONFIRMATION OF AWARD OF CONTRACT - ALTNAGELVIN PHASE 5.1.3B:
ALTNAGELVIN RESTAURANT AND OTHER ESSENTIAL WORKS WITHIN
ALTNAGELVIN TOWER BLOCK**

Mr Moore thanked the Chair for his kind remarks at the beginning on the meeting in relation to his pending retirement.

Mr Moore advised members that the Trust granted conditional approval for the award of the above contract to Messrs Lowry Building & Civil Engineering Ltd in the sum of £5,194,670.00 excluding VAT. The contractor has commenced on site.

Mr Moore said the award was subject to satisfactory pre-award checks including insurances and final Bill of Quantity checks.

8/21/16

SUB COMMITTEE REPORTS

1. **Finance and Performance Committee – Minutes of meeting held on 6 July 2021**

Members noted the above minutes. Mr Hegarty said the Finance and Performance Committee noted the Trust's financial deficit position and discussion took place in Committee on the Elective Care Framework and the Transformation Programme. He referred to discussion on cancelled appointments and said that further discussion would take place at Committee.

2. **People Committee**

The Chair began by acknowledging Dr O'Mullan's leadership within the People Committee as her term of office was coming to an end.

2.1 **Minutes of meeting held on 11 May 2021**

Members noted the above minutes.

2.2 **Verbal Update from meeting held on 10 August 2021**

Dr O'Mullan provided members with an update on the People Committee meeting held on 10 August. She said the meeting welcomed Mrs Hargan to her first meeting and Committee received an update on issues including absence, non-medical agency audit, HR Directorate plan, update on vaccination programme, recruitment and retention and HR metrics.

Mrs Laird also acknowledged Dr O'Mullan's contribution and leadership of the Committee.

3. **Improvement through Involvement**

3.1 **Minutes of meeting held on 18 May 2021**

Members noted the above minutes.

3.2 Verbal update from meeting held on 16 August

Mrs Laird referred to the meeting on 16 August. She said discussion took place on assessing the culture across the Trust including increasing the visibility of the Board. Mrs Laird said the most important development for the Committee is the mapping of Involvement across the Trust and said the Committee was close to being in a position to share a report with Board on this. She added that there needed to be further evaluation of shared learning.

Mrs Laird said the Committee heard from a Covid survivor which was very interesting. She added that looking ahead the Committee would be meeting with Mrs Hargan and Mrs Santiago to discuss the Trust's organisational development strategy. Mrs Laird commended on behalf of her Committee colleagues the progress being made on key learning, areas of key practice, challenges and opportunities going forward.

8/21/17

ANY OTHER BUSINESS

There were no further items of business.

The Chair asked if the media had any queries to contact communications staff.

8/21/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust will take place on Thursday, 7 October 2021 at 11 am.

Mr S Pollock
Chair
7 October 2021