

Minutes of meeting of the Western Health & Social Care Trust Board held on Thursday, 3 March 2022

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

Mrs D Keenan, Executive Director of Nursing/Director of Primary Care and Older People's Services
Mrs D Mahon, Executive Director of Social Work/Director of Women and Children's Services
Mrs G McKay, Director of Acute Services
Ms K O'Brien, Director of Adult Mental Health and Disability
Mrs K Hargan, Director of Human Resources & Organisational Development
Ms E McCauley, Acting Director of Finance

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive
Mrs W Cross, Head of Infection Prevention and Control

3/22/1

CONFIDENTIAL ITEMS

3/22/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed the press to the meeting and asked that any questions be raised with the Head of Communications at the end of the meeting.

The Chair referred to a report from the last meeting.

- The Chair advised that on 4 February senior management had a very useful round of briefings with our MLAs. Discussion took place across a wide range of issues including Adult Mental Health Services; update on the Trust's Vaccination programme and Neonatology Ward South West Acute Hospital.
- On 16 February the Chair advised that he joined a System Transformation and Reconfiguration workshop organised by the Northern Ireland Confederation and facilitated by Mike Farrar, former CEO of the NHS Confederation and currently a global health care advisor.

The Chair said the objective of the workshop was to develop a set of proposals /recommendations to support the recovery, reset and transformation of our health and social care services that are credible, deliverable, practical and offers citizens the best value the system can offer. He added that a report of the workshop has been developed and a meeting today will consider how best to take this work forward.

- On 23 February the Chair said he was interviewed by Professor Ray Jones who was visiting the Trust's children services as part of a regional review of children's services. The Chair said he understood that Prof Jones was very impressed with the energy, experience and enthusiasm of our staff, despite significant staffing vacancies and existing staff working long hours, evening and weekends.
- The Chair advised that on 2 March his fellow Chairs and he had yet another very positive meeting with Minister Swann. He said they discussed with Minister a range of issues including service rebuild, finance and service prioritisation. The Chair said this was Minister Swann's last meeting with them and said Chairs took the opportunity to acknowledge the magnificent and difficult job he has undertaken.
- Concluding, the Chair said he and his fellow Non-Executive Directors are delighted after today's meeting to connect with family and child care staff to discuss the challenges and pressures they have been dealing with during the pandemic.

3/22/3

CHIEF EXECUTIVE'S REPORT

Mr Guckian shared with members a report since the previous meeting.

General Pressure on Services

Mr Guckian advised that as at 2 March, there were 26 patients waiting for a bed in Altnagelvin Hospital and 5 patients in South West Acute Hospital. He said these figures had fluctuated over the last few weeks however during the month all Trusts had seen unprecedented attendances at ED with the entire system being under extreme pressure.

Mr Guckian said staffing remained challenged with staff absences continuing to affect service provision across all services. He said staff continued to be encouraged to avail of the services that the Trust has put in place to help support them.

Covid19 Update

Mr Guckian advised that as of 2 March there were 65 COVID-19 positive inpatients across the Trust - 25 inpatients in South West Acute Hospital and 39 inpatients in Altnagelvin Hospital. He said there was a higher number of COVID-19 positive inpatients in community hospitals which was understandable given the high level of transmission with the Omicron variant. He added that outbreaks in residential and nursing homes had now fallen to 15 Independent Sector homes in outbreak as at 2 March 2022.

Mr Guckian said despite the easing of public restrictions, COVID-19 continued to present huge challenges to the healthcare system, both in terms of the volume of patients requiring care and also the additional demands brought about by staff absences. He said COVID outbreaks were making caring for patients all the more difficult, which was why the Trust needed the continued support and diligence of all staff to help minimise the risk of outbreaks in hospitals and other settings.

Mr Guckian said a "Return to Work Toolkit for Managers and Staff" had been issued to all staff. Mr Guckian said he wanted to thank all staff and the public for their ongoing cooperation and support.

General Performance

Mr Guckian advised that Teams from across Trust services had experienced very significant challenges in January 2022 and into February, as the highly infectious Omicron variant impacted staff and their families. Most areas of service were affected by additional staff absence from the end of December 2021 and that only began to ease in February. Despite this, Mr Guckian said members would hear

today in the Board performance report that delivery had remained relatively stable and close to planned levels in many elective services.

Mr Guckian referred to Day Care services, an area where the Trust has been placing considerable emphasis on rebuilding to pre-pandemic levels. He said this was an area where it was critically important to service users and their families and carers that we start to move carefully to increase provision. The PHA and DoH are keen to move forward in this area of rebuild, and have issued specific guidance for learning disability services, which the Trust welcomes.

Mr Guckian said the Trust would continue to be challenged right across its hospital and community services as it maintains a proportionate level of IPC controls to keep patients, service users and staff safe, while dealing with the public who increasingly see the pandemic differently, and who are not required in their day to day lives to take the same steps to manage the risk of infection.

Vaccination Update

Mr Guckian advised that Regional planning has commenced in relation to a Business As Usual (BAU) model for the Covid-19 Vaccination service. He said this would provide the opportunity to appoint to a more stable and sustainable workforce into the future however it was expected to take a number of months to implement a new staffing structure once a commissioned service is agreed through the Public Health Agency.

Following a Department facilitated workshop early last week, Mr Guckian said the Trust had been informed of the planned Spring Vaccination programme to be delivered in conjunction with GPs and community pharmacies. Together with the recently announced vaccinations for 5-11 year olds, this would now include a further booster for over 75 year olds, care home residents and housebound over 75 year olds. He said the programme would be delivered on set days at our hubs in Altnagelvin Hospital, South West Acute Hospital and Omagh. The frequency of clinics will be reviewed regularly and decisions will be based on demand, however initially the Trust plans to hold 4 clinics per week in the Northern Sector and 3 clinics per week in South Sector. The Trust will also continue to provide a programme of weekly mobile outreach clinics to target areas of low uptake based on data provided by the Public Health Agency. He added that the Trust is developing a staffing model to support delivery of the Spring Programme.

Mr Guckian said it was anticipated that the PHA would commission the BAU model prior to commencement of an Autumn Programme and that the Trust was in

preparation for this with consideration having commenced on which Directorate the vaccination service will transition to as a business as usual service.

Visiting

Mr Guckian advised that the Trust was continuing with visiting to hospital sites allowing for one visit, for one hour per day, per patient. Exceptions will continue to apply in some areas. He said all temporary visiting restrictions will be reviewed again on Monday, 7 March 2022 and an update will follow as the Trust plans to implement a phased return to full visiting arrangements across all health care facilities in the months ahead.

Mr Guckian said for anyone attending any Western Trust hospital or facility, the Trust asks that you continue to work with staff and please respect staff and the guidance they give at all times. There have been incidents where staff have received verbal abuse and harassment and Mr Guckian asked everyone to please refrain from such behavior. He reminded everyone that the Trust operates a zero tolerance policy towards abuse across the Trust.

Engagement

Mr Guckian advised that during the month he had had a number of engagements with external bodies. On 4 February the Trust had a regular update meeting with all local MPs and MLAs, as part of the Trust's commitment to openness and engagement.

On 10 February Mr Guckian said he attended a meeting of the Health Committee to brief Committee on current pressures facing all Trusts. Also on 10 February, along with the Director General and General Manager of CAWT, Mr Guckian attended as Deputy Director General of CAWT the Joint Committee on the Implementation of the Good Friday Agreement Meeting.

On 14 February Mr Guckian advised that the Trust hosted the President of the Royal College of Surgeons in England. He said this was an opportunity for the Trust to showcase the excellent rebuild work and to highlight challenges such as junior doctor allocations and other workforce issues.

Mr Guckian advised that since the last meeting Ms Deirdre Mahon, Executive Director of Social Work/Director of Women and Children's Services, had announced her intention to retire after a long and very distinguished career in health and social care in this area.

3/22/4

APOLOGIES

Apologies were received from Dr McDonnell, Medical Director.

3/22/5

DECLARATION OF INTERESTS

There were no conflicts of interest declared.

3/22/6

MINUTES OF PREVIOUS MEETING – 3 FEBRUARY 2022

The Chair referred to the minutes of the last meeting held on 3 February 2022.

Mrs Keenan referred to page 7 and asked for an addition to be made to the minute with regard to Quality Improvement Monitoring Report – Falls. She asked that the final sentence of the narrative be extended to read:-

“She clarified that not all falls that result in a death are recorded as a SAI but are recorded as a SEA or through the Falls Collaborative.”

Prof McKenna asked for an amendment to be made on page 9 in respect of the discussion on the Trust’s Financial Performance report for month 9.

Prof McKenna asked that the final sentence of the 4th paragraph now read:-

“Professor McKenna recommended that closer ties be made with nursing, AHP and medical students at Magee to ensure that the Trust is their first consideration for employment once they qualify.”

Subject to the above amendments, the minutes were proposed by Mrs Laird, seconded by Mr Hegarty and carried by the Board as a true and accurate record of discussion.

3/22/7

MATTERS ARISING

There were no matters arising.

3/22/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Mr Guckian referred members to the Trust's Corporate Risk Register and Assurance Framework as approved at Corporate Management Team on 22 February 2022.

Mr Guckian referred to Risk ID1334 and said a proposal was being shared for approval for the current grading to be changed from high to extreme. He assured members that the main mitigation for the risk was the ongoing service review.

Mrs McKay referred to a proposed new risk in respect of Consultant cover in Cardiology. She said that due to challenges regionally in relation to securing substantive positions and the limited availability of locum resources, a 6 person on call rota had been depleted by 50% leading to potential gaps in the rota. Mrs McKay outlined mitigations to this risk.

Following consideration members unanimously approved both these changes to the Trust's Corporate Risk Register.

3/22/9

INFECTION PREVENTION AND CONTROL – UPDATE

The Chair welcomed Mrs Cross to the meeting.

Mrs Cross referred to her briefing note and said the DoH had not yet issued new reduction targets for HCAs in 2021-22. She said these targets related to *Clostridium difficile* (*C. difficile*) associated disease, Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia and gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*.

Mrs Cross referred members to the breakdown of performance over the last 3 years compared with the most recently issued reduction targets which related to the year 2019-20. She said that in relation to MRSA and *C. difficile* the Trust was above the target but below the target for GNB.

In response to concerns with regard to performance, Mrs Cross advised that IPC would normally put in place substantial training with staff however with Covid this had not been possible. She added that Aseptic Non Touch Technique is in place however it may not have had sufficient focus during the pandemic. Mrs Cross said the hospital environment had changed significantly with very complex patients being cared for. She added that unfortunately there had not been the time to reflect and

review practices but she hoped that this would change as services begin to rebuild. Mrs Cross said there also needed to be a focus on community prescribing and that the PHA recognised there is a substantial amount of work to do as well as the Trust in respect of microbial stewardship.

Mr Guckian commended the work of the IPC department during the pandemic and the significant leadership Mrs Cross had provided.

3/22/10

FINANCIAL PERFORMANCE REPORT FOR MONTH 10

Ms McCauley referred members to the Trust's financial performance report for month ending 31 January 2021.

Members were advised that at month 10 the Trust was reporting a deficit of £10.8m which included a deficit of £0.8m relating to unfunded transformation projects. She said the Trust was projecting a core deficit of £12m subject to end of year financial accounting adjustments, which is in line with the approved control total of £12m.

Ms McCauley referred to the Trust's capital allocation of £34.9m from the Department of Health and said capital expenditure to the end of December has been £16.2m.

Members were advised that the Trust has been issued with a Pharmacy savings target of £1m and is planning to deliver £0.5m savings in year. She added that the Trust has other savings opportunities including Covid downturn estimated at £7m and recovery plan savings of £2.8m in year to support the Trust financial plan.

Continuing Ms McCauley advised that the Trust has spent £41.6m to 31 January 2022 on agency and locum staff. She said the average expenditure on agency and locum staff for 21/22 had increased by 12.7% on the average spend last year, with the average expenditure for flexible staff for 21/22 having increased by 14.6% on the average spend last year.

Members were advised that the Trust has overspent against its ring-fenced allocations for transformation however the Trust has managed this overspend within its overall financial plan.

Ms McCauley advised that the Trust had paid 91.07% of its undisputed invoices with suppliers within 30 days at 31 January 2022.

Ms McCauley took members through the detail of her report. She said that energy remained the highest growth cost pressure area but that increased costs had been fully funded in 2021/22. She added that the Trust has an Energy Committee in place which provides oversight and performance management in this area.

Concluding her report Ms McCauley referred to key messages. She said the Acute Directorate must ensure effective oversight arrangements are in place for the monitoring of activity in the Elective Care Plan for the remainder of the financial year to ensure further slippage against the plan is minimised. She added that the HSCB has confirmed that there will be no further funding for transformation projects for 22/23 over and above the amounts confirmed on an assumed recurrent basis. It was noted that the Trust is actively considering options for these projects.

Ms McCauley said Directorates are demonstrating a focus on grip and control in their pay and non pay run rates. She added that while Directorates work through their rebuild plans, Directorates will have to focus on bringing spend back to funded baselines taking account of expected post Covid factors that will be outside Trust control.

Mrs Laird referred to slippage on spend within the independent sector. It was explained that this had occurred in part due to providers not being able to deliver the activity as they are also experiencing sickness absence due to Covid. Mrs McKay said one of the providers had a Consultant capacity issue in December/January and the Trust is now seeking to manage the gap. Ms McCauley said the slippage is factored into the Trust reaching its £12m control total.

Mrs Laird referred to transformation funding and asked for more detail in respect of those projects where there is no funding available in 22/23. Ms McCauley explained that there were a number categories in relation to projects and said there were some projects while not funded by the DoH would be absorbed by Directorates. She said there are some projects partially funded and Directorates are looking to remodel services and said there were some projects with no funding and CMT is considering the future options for these. Mrs Molloy said the Trust had undertaken intensive work on this to start bringing all transformation projects into “business as usual” arrangements but that there was still a level of uncertainty and the Trust is being cautious.

Mrs Laird asked if the Board could be apprised of those transformation projects that will have an impact when ceased. Mrs Molloy said she would consider how best to share this detail with members.

Mrs Laird asked for more detail in respect of the Trust's target to achieve £4m recurrent cash savings associated with its Recovery Plan. Ms McCauley agreed that she would provide more detail in her end of year report.

Prof McKenna commended Ms McCauley on her very clear report and was pleased to note the Trust was projecting to deliver against its control total. He referred to Covid expenditure and said while the HSCB is covering Covid expenditures in full in 21/22, was there any indication that Covid expenditure would be covered in 22/23. Prof McKenna said he had a further query regarding flexible payroll expenditure and said if Bank is cheaper could the Trust do more to advertise Bank and would this reduce agency.

Ms McCauley confirmed that the HSCB has confirmed that it will fully fund Covid expenditure for 21/22 however the forecast for 22/23 is unknown. She said vaccination centres, PPE and IPC restrictions all require funding. She said the budget for HSC is currently out for consultation which ends on 7 March and said while Covid is not mentioned on this, it was her understanding that spend for Covid in Northern Ireland will be covered by Westminster.

In relation to spend on flexible staffing, Mrs Keenan advised that the first port of call is through the Bank office to fill vacant shifts. She added that the Trust promotes Bank as much as it can and referred to the regional work being led by Mr Guckian to encourage staff to join Bank as opposed to Agency.

The Chair referred to funding in 22/23. Ms McCauley said she welcomed funding on a 3 year basis as this would improve the future planning of services. She said that unfortunately the service has an overdependence on non-recurring funding.

The Chair thanked Ms McCauley for her comprehensive report. He said for the Trust to reach its £12m control total was an amazing achievement which he knew many staff had contributed to.

3/22/11

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to her report for January 2022 and said she would focus today on 3 areas:-

- Elective Care
- Cancer Services and
- Day Care Services.

Mrs Molloy said her performance report measured performance against the first month of the Trust's phase 8 Delivery Plan, as agreed by the DoH and HSCB.

Mrs Molloy said as previously mentioned by the Chief Executive, the Trust had seen a significant impact from the Omicron variant on its workforce during January with most areas of service being affected by additional staff absence from the end of December 2021 into January 2022. Mrs Molloy said despite this, delivery had remained relatively stable across many services and she commended staff who had supported the Silver and Bronze arrangements during January.

Elective Care

In respect of inpatients and day cases, Mrs Molloy said during January the Trust had delivered 88% of the level of activity that was delivered during January 2020 and over delivered on its Delivery Plan for both. She said in respect of inpatients the Trust had delivered 62% of pre-pandemic levels and that this was due to reduced theatre capacity. The Trust delivered 94% in respect of day case.

In respect of outpatients, Mrs Molloy advised that during January 2022 the Trust had delivered 80% of the level of activity that was delivered during January 2020. She said that in respect of the Delivery Plan for new outpatients the Trust delivered 97% with review outpatients delivering 99%. It was noted that a greater level of review face to face appointments were delivered against the Plan. Mrs Molloy added that the Trust continued to work to deploy the slippage within the WLI funding.

Cancer Care

Mrs Molloy advised that the number of red flag referrals received for all suspect cancer tumour sites during January 2022 had been 8% greater than in January 2020. She said the increase in red flag referrals was seen across many sub-specialities in particular Urology, Upper GI, Skin and Gynaecology.

During January 2022 the patient activity delivered within the cancer pathways when compared to January 2020 was 74% for the breast 14 day pathway, 93% for the 31 day pathway and 77% for the 62 day pathway.

Day Care

Mrs Molloy advised that during January 2022 the Trust delivered 8,184 day care attendances against a predicted 8,600 and delivered 60% of the level of activity that was delivered during January 2020. Mrs Molloy said this remained one of the few

areas of service which had found it challenging to rebuild close to pre-pandemic levels due to continuing assessed risks and service user/family preferences.

Overall Mrs Molloy advised that the Trust had delivered 73,098 day care attendances between April 2021 and December 2021 against a rebuild target of 66,657 attendances and compared to 117,021 attendances for the same period in 2019/20.

Mrs Laird said she was encouraged by performance within Breast Care and said she was pleased that it was recognised regionally that the Trust has a demand and capacity gap. She asked what the timeframe for further investment is. Mrs Molloy said this was not clear at this point given the uncertainty with regard to funding and said the Western Trust was one of 2 Trusts to have a capacity gap. She said the Trust had met with the commissioner in respect of the demand capacity exercise and that this was also being discussed within the Cancer Cell. Mrs McKay said that the Trust has advertised a Nurse Practitioner post and said pending assurance with regard to funding the Trust will move to recruit to the Consultant post. Mrs Laird asked to be kept updated.

Mr Hegarty referred to Day Care Services and said this was coming into much more focus as rebuild progresses. He acknowledged and commended Mrs Molloy for the quality of the information the Finance and Performance Committee receives and the effort invested in providing this information. He said the Trust provides day care across 35 facilities and 73,000 day care attendances was a phenomenal achievement. He said this client group was very vulnerable and given IPC restrictions this performance was to be commended. Mr Hegarty said he would like to see day care reinstated cautiously with proper risk assessments rather than the Trust chasing targets.

Prof McKenna commended Mrs Molloy on the quality of her report. He referred to drug related deaths and said NISRA had reported that drug related deaths in Northern Ireland have doubled with people in deprived areas being 5 times more likely to die. He said the North West is one of these deprived areas however in the report there is no target to improve this outcome.

Ms O'Brien referred to the regional Drugs and Alcohol Strategy and said there was significant work being taken forward to identify accurate data to design services. She said that throughout the pandemic the Trust has sought to keep services going by working with Emergency Departments and those patients who present with mental health problems.

Dr McPeake referred to dementia services and asked going forward were there new ways of approaching this service area. Mrs Molloy said this is on the agenda for the regional performance meeting. Mrs Keenan added that the Trust is aware of the challenges with regard to this service and said the service is seeking to attract more support from nurses with regard to review appointments. She also acknowledged the challenges with regard to medical staff and said proposals were being developed to streamline new appointments and learn from other Trusts in relation to what they do.

Canon Rev McGaffin said as a member of the Finance and Performance Committee it receives significant detail on Trust services and said the Committee has agreed to undertake deep dives into specific areas. She said today's discussion showed members' interest in community services. Canon Rev McGaffin thanked Mrs Molloy for the work in providing such robust reports.

3/22/12

DECLARATION AND REGISTER OF INTERESTS 2021/22

The Chair advised members that the Trust's Register in respect of Outside Interests for 2021/22 had been updated and is available for viewing from the Chief Executive's Office.

3/22/13

PROPOSED TRANSFER OF CAWT STAFF TO WHSCT

Mrs Hargan provided members with an update. She said staff transferred from the HSCB to the Trust on 1 March. She reminded members that the consultation process commenced in December and all queries have been resolved to the satisfaction of the staff.

Mrs Hargan assured members that the Trust received all of the required due diligence information.

Mrs Hargan said pending completion of the review of the corporate structure, the Director of HR would take responsibility for the Development staff.

3/22/14

NURSE STAFFING EXTREME ESCALATION PROTOCOL

Mrs Keenan shared with members for information the Nurse Staffing Extreme Escalation Protocol. She said the Protocol had been produced to inform and guide the decision making of senior managers, lead nurses, ward sisters and charge nurses in the event that nurse staffing levels are assessed as being significantly below the Delivering Care (Normative) levels.

Mrs Keenan said feedback from staff was that they would like more structure and support during such occasions and said the protocol outlined the duties of the senior service manager to escalate the need to activate the extreme escalation protocol to the Corporate Management Team members and the need for communications with the regional partners, Trades Unions and the media.

Prof McKenna said it was a very detailed and excellent report. He sought further information on 2.2 exploring the availability and willingness of a family member acting as a Care Partner. Prof McKenna also referred to point 2.3 and organising the clinical environment and said given single rooms in SWAH was this a challenge.

Mrs Keenan said the Trust has used care partners during winter and high surge and the Trust had found when it had been in high surge care partners presence had worked well. The care partner is present to help with feeding and other duties such as the dispensing of drugs remains with the nursing staff. Responsibility for patients remains with the Trust. In relation to single rooms and the South West Acute Hospital, Mrs Keenan said there this would only be done when it is appropriate and safe to do so. She said the Trust is seeing more patients admitted with dementia and we try to cohort them together in areas where one staff member can look after a few patients. Or alternatively, these patients are moved closer to the nurses stations so they can be seen more easily.

3/22/15

SUB COMMITTEE REPORTS

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

Members noted the minutes of the Finance and Performance Committee held on 1 February 2022.

Mr Hegarty said the Committee continued to be interested in waiting times information. He said significant discussion has taken place on cancelled hospital outpatient appointments and the Committee will receive an update at its May meeting.

3/22/16

ANY OTHER BUSINESS

The Chair advised that there will be an exceptional Trust Board meeting in June as the timetable for the approval of the Trust's Annual Accounts and Annual Report has only just been issued and as a result the External Auditors have informed us that they are unlikely to make the deadline of 9 June, our scheduled Trust Board meeting.

As a result we are required to have a second Trust Board meeting to approve the Annual Accounts and Annual Report and it is proposed that this meeting will take place on Thursday, 16 June at 10 am for this single item.

The Chair thanked members for facilitating this meeting.

3/22/17

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 5 May 2022 at 11 am.

Mr S Pollock
5 May 2022