

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 9 June 2022

PRESENT

Mr S Pollock, Chair
Mr N Guckian, Chief Executive

Mrs R Laird, Non-Executive Director
Canon Rev J McGaffin, Non-Executive Director
Dr J McPeake, Non-Executive Director

Dr C McDonnell, Medical Director
Mrs D Keenan, Interim 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
Mrs G McKay, Director of Acute Services
Ms K O'Brien, Director of Adult Mental Health and Disability
Ms E McCauley, Acting Director of Finance & ICT
Mrs T Molloy, Director of Performance and Service Improvement

IN ATTENDANCE

Mrs R Santiago, Assistant Director of Human Resources
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

5/22/1

CONFIDENTIAL ITEMS

5/22/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair began by welcoming everyone to the June Trust Board meeting, particularly those members of the public and press. He asked that any questions be directed to the Trust's Head of Communications at the end of the meeting.

- On 12 May the Chair said he joined a leadership walkround via zoom for the Butterfly Lodge, Altnagelvin Hospital, a short break facility offering day/overnight/short breaks for children with complex needs who are known to the Children's Community Nursing Teams.

- The Chair advised that Volunteer Week took place from 1–7 June. He said while volunteering had been scaled back over the last 2 years some had continued their role throughout the pandemic.

On behalf of Trust Board, the Chair took the opportunity to sincerely thank all volunteers, past and present, for their unwavering support, effort and commitment. He added that the numerous volunteer roles they provide enhanced the patient and client experience in so many ways allowing patients and staff to benefit immensely from their attendance whatever their role may be.

- The Chair acknowledged that today was Dr McDonnell's last Trust Board meeting as Medical Director as she will retire in the next few weeks. The Chair said the Trust owed Dr McDonnell a debt of gratitude for all that she had done in leading the quality and safety agenda for the Trust and providing strong leadership particularly during the pandemic. He wished her a long and healthy retirement.
- On Monday, 6 June the Chair was delighted to be part of the interview panel that appointed Ms McCauley as the Trust's Director of Finance, Contracting and ICT. On behalf of the Board, the Chair wished her well in her new role.
- On 8 June the Chair said he was pleased to meet 2 researchers from the University of Exeter who were conducting research into why and how diversity should become a strategic aim of NHS boards. For this research they were specifically interested in the role played by the Chair. He said the research, funded by the NHS Confederation, will be published in a public report later in 2022.

5/22/3

CHIEF EXECUTIVE'S REPORT

Mr Guckian presented his report which included an update on areas including:-

- Pressure on services;
- Covid19 Update;
- Paediatric surgery;
- Additional sessions in Omagh Hospital – Mr Guckian commended Mrs McKay and her team for supporting this work;
- Rebuild;
- NHS blood and transplant Outturn;
- Ethnically diverse reception with Mayor of Derry City and Strabane Council;
- Volunteers week;
- Visit by regional Chief Nursing Officer;
- Appointment of new Director of Finance, ICT and Contracting;
- Retirement of Dr McDonnell, Medical Director.

Mr Guckian also referred to Carers Week and said most importantly on behalf of Board he wanted to thank all unpaid carers for the selfless commitment they make every day to care for their loved ones.

5/22/4

APOLOGIES

Apologies were received from Prof H McKenna, Non-Executive Director, Mr S Hegarty, Non-Executive Director and Mrs K Hargan, Director of Human Resources & Organisational Development. The Chair welcomed Mrs Santiago, Assistant Director of HR.

5/22/5

DECLARATION OF INTERESTS

There were no declarations of interest.

5/22/6

MINUTES OF PREVIOUS MEETING – 5 MAY 2022

The minutes of the previous meeting were proposed by Mrs Laird, seconded by Dr McPeake and carried by the Board as a true and accurate record of discussion.

5/22/7

MATTERS ARISING

Mrs McCauley referred to discussion at the last meeting and Dr McPeake's query regarding disputed invoices. She said while the Trust did not capture this information, a sample was taken over 4 months and she was able to report that of the 1,305 invoices which had been disputed, 0.35% were paid after 30 days. Dr McPeake commended this excellent performance and said the Trust should periodically report this performance. He thanked Ms McCauley for providing this information and said he appreciated the Trust's commitment to pay its suppliers in a timely manner. Ms McCauley said she would share his comments with her staff.

Mrs Laird referred to confirmation that Covid funding would be available for quarter 1 of 2022/23 and asked if there was any further update on this. Ms McCauley said there was no further information received at this point with regard to quarters 2-4, however she was undertaking an exercise aligning Covid costs to IPTs and the Trust would be discussing this with the DoH going forward.

5/22/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell referred members to the Trust's Risk Register and Assurance Framework as approved by CMT on 24 May. It was noted that there were 22 risks on the Risk Register.

Dr McDonnell said there were no new corporate risks for approval and 2 proposed changes for members' approval. Dr McDonnell said the first proposal was to seek approval to de-escalate risk ID1075 to Directorate level. The second proposal was to seek approval to increase the risk grading on risk ID1320 from 12 high to 20 extreme. Following consideration members approved these 2 proposals.

Dr McDonnell continued by referring members to a summary report and confirmed that all risks had been reviewed in the last quarter and that there were no risks with outstanding actions at date of reporting.

Concluding her report, Dr McDonnell referred members to a list of outstanding actions from the Trust Board workshop. She said these actions were being progressed through the normal CMT-Trust Board approval processes and said an update on progress was being tabled for members' information.

5/22/9

INFECTION PREVENTION AND CONTROL UPDATE FRAMEWORK

Dr McDonnell referred members to an update in respect of Infection Prevention and Control within members' papers. She said that future reports would include an update on Covid19 going forward as part of normal business.

Dr McDonnell said the IPC Team continued to be 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. She said the Team was also required to continue to support Independent Sector care homes in the event of any declared outbreaks but that this had not been possible from January 2022 due to the unprecedented numbers of Trust outbreaks and IPC nursing capacity. As a result of the increased demands upon the Team and within the current IPC resources, Dr McDonnell said there were challenges in attending to other routine work.

Dr McDonnell advised that there were currently confirmed cases of Monkeypox across the UK, including Northern Ireland. The Public Health Agency (PHA) is in regular contact with the UK Health Security Agency regarding the situation and a regional multidisciplinary Incident Management Team has been established to ensure that the HSC is fully prepared for any potential risk to the population of Northern Ireland. Dr McDonnell said at this point, there were no cases within the

Western Trust. She assured members that the Trust had established a multidisciplinary management team to ensure the Trust is prepared to manage any suspected or confirmed cases and significant work continues to reinforce existing and to develop further new clinical pathways.

Dr McDonnell advised that Monkeypox is not a new virus and an effective vaccine is available. She said Monkeypox does not spread easily between people, is usually a mild self-limiting illness and most people recover within a few weeks. Dr McDonnell said the Trust is keeping the situation under review and will implement any updated evidence or guidance upon receipt.

Dr McDonnell advised that due to the Covid19 pandemic the Department of Health had not issued reduction targets for healthcare-associated infections 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*. She said that the most recently available reduction targets were for the year 2019/20 and these were discussed in subsequent relevant sections to provide a point of reference when examining performance in 2021/22.

Referring to *C. difficile* performance in 2021/22, Dr McDonnell advised that a total of 80 cases were reported in 2021/22; 14 more than in 2020/21. 48 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the PHA). The remainder 32 cases were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission. Dr McDonnell advised that a reduction target of 56 cases was previously set for 2019/20 and that the Trust's performance in 2021/22 had exceeded that target.

Turning to MRSA Bacteraemia performance 2021/22, Dr McDonnell reported that a total of 10 MRSA bacteraemia cases were reported in 2021/22. Five were categorised as community-associated as they occurred less than 48 hours after admission to hospital and 5 were categorised as healthcare-associated as they occurred more than 48 hours after admission to hospital. Dr McDonnell said this performance would fail to meet the reduction target previously set for 2019/20, which was a maximum of 5 cases.

Dr McDonnell continued by referring to IPC Induction and Mandatory Training. She said the training target for each year was 50% of the total number of staff who required training. For 2021/22 the percentage had been 28.73%.

Dr McDonnell referred to the Trust's Hand Hygiene compliance score and said the Trust's overall average self-reported score had been 69% when non-submission areas had been included. She said 41 areas out of 195 applicable areas failed to submit a score for April 2022. Dr McDonnell said when adjusted for non-submission areas, the Trust's overall self-reported hand hygiene scores improved to 100%. She

assured members that the hand hygiene dashboard had been circulated to Directors for action through their governance arrangements.

Dr McPeake said he was disappointed to see MRSA and *C. difficile* rates increasing particularly as this had been during a period with tremendous focus on IPC. He said he would have thought that when the Trust had extra controls, he would have expected rates to reduce. Dr McDonnell said one of the issues was the prescribing of antibiotics and in particular an increase within primary care. She said there were other variables too beyond individual Trusts and other challenges being experienced.

5/22/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred to papers previously distributed for the meeting. She explained that one report provided a year end position for 21/22 while the second report was a performance update for month 1 in 2022/23.

Mrs Molloy commenced with the 2021/22 final year position and said there were 2 adjustments. One to reflect a validation correction in outpatients and the second was to reflect information available (unvalidated) on the regional position at year end. Mrs Molloy confirmed that this position had been reviewed by the Finance and Performance Committee at its last meeting on 3 May 22.

Mrs Molloy explained that in the full year report she had attempted to provide a sense of the waves of Covid which hospital services had dealt with throughout last year. She said the report showed that from September our hospitals had been dealing with a consistent level of patients with Covid with peaks in September 2021 and in January and March 2022. She added that the report also showed the levels of care home outbreaks which peaked in January 2022 with the Omicron variant, but remained high for the remainder of the year. Mrs Molloy said this was an overarching context for the year and sat alongside the requirement on the Trust to manage the risk of infection and transmission of Covid in its services and premises, requiring the continuation of a range of measures including ventilation, PPE and social distancing.

Mrs Molloy said members would be aware that the Trust was required throughout 21/22 to operate a planning and performance management framework which revolved around quarterly rebuild plans, focusing on incrementally increasing the delivery of activity across all our services. Mrs Molloy said these plans were agreed in each quarter by the DoH.

Mrs Molloy referred to the tables at pages 15 to 17 which covered all of the services the Trust was required to monitor delivery. Turning to that table, and looking specifically at delivery against those plans for the year, Mrs Molloy said hospital services on page 15 met all areas of their plan with a number of exceptions. She

said these included the projections on 62 day cancer and a small shortfall on cardiac MRI. On page 16, Mrs Molloy said Allied Health Professional services had overall met its plan, with some challenges in OT. Within mental health services, Mrs Molloy said the service had set itself a considerable challenge to increase activity in some services and this was in response to rising emergency and crisis demand. She added that the CAHMS plan was affected by the necessity to see more new patients, which were emergency referrals in general. Dementia services were not able to meet the full plan on new outpatient assessments, and Psychological therapies was unable to meet its plan in year. She said community services on page 17 remained at or close to projections.

Throughout the year Mrs Molloy advised that the Trust had also measured its activity levels against a baseline of 19/20 which was considered to be our pre-pandemic level. She said these tables also showed members how close the Trust had come to pre-pandemic levels of seeing outpatients. She said the main areas where the Trust remained at a significantly lower level of activity included inpatient treatments, day care, orthoptics and community dental. Mrs Molloy added that inpatient treatments were a matter of significant focus for the hospital teams and increasing delivery required the release of beds to be dedicated to elective procedures and scaling up of theatres lists. Mrs Molloy said day care, orthoptics and community dental services were subject to risk assessments and IPC measures, which were currently under review.

Mrs Molloy referred to page 18 which outlined the position of the Trust as compared to others, subject to final validation, and reflected a February position. She said it showed the Trust's challenges during the year by a range of factors associated with Covid, but in overall terms the Trust's performance had seen the lowest number of 12 hour breaches in ED; the lowest number of patients waiting over 9 weeks for an outpatient assessment; and the lowest number of patients waiting over 9 weeks for diagnostics.

She added that the Trust had a good performance within the region on access to cancer pathways and in particular the Trust had turned in a consistently high performance for those patients needing treatment after a formal diagnosis of cancer within 31 days. She said however the Trust had continued to have the highest number of children waiting for a mental health assessment and intervention, and high numbers of patients waiting more than 13 weeks to access psychological therapy services.

Mrs Molloy said the Trust had a clear focus on a return to seeing and treating at least the same numbers of patients as prior to the pandemic. She said there was still a requirement that the Trust has a safe environment, and does not expose patients, service users and staff to infection. However she said this would be balanced against the growing risk of patients waiting longer than they should for their assessments, treatments of interventions.

For completeness, Mrs Molloy referred members to month 1 report within their papers. She assured that there were no issues to highlight at this point with areas of underperformance being addressed through performance meetings with services. She noted that there was a general view that there will be recovery in quarter 1. She added that the Trust would factor in the Waiting List Initiative commitments to reports during the year, and said at this point the Trust had been instructed to proceed with WLI activity for quarters 1 and 2, with a specific commitment to continue with Musgrave House and to make preparations to establish the services associated with the Minister's recent announcement that Omagh will be a second elective day case hub for Northern Ireland.

Concluding her report, Mrs Molloy said it was important to advise Trust Board that the quarterly delivery planning approach was likely to be stood down, and the DoH is asking Trusts to move back to a plan which would take us to year end, with trajectories set by DoH which aim for a full restoration of activity to pre-pandemic levels by March 23 at the latest. She added that this was an important period as the Trust continues to manage the residual risk of Covid19, as it turns its focus much more to fully restoring services, banking benefits from new ways of working, and dealing with the very considerable backlog of patients who await planned care.

The Chair thanked Mrs Molloy for her exceptional briefing which he found encouraging. He said it was good to highlight the Trust's performance against pre-pandemic levels and it was important we continue to do this in greater detail.

Mrs Laird commended Mrs Molloy for the detail of her report and said she found it a very encouraging read and commended all the CMT for recovery on performance particularly cancer services. She noted that some community services had exceeded pre pandemic levels and welcomed the focus on waiting lists.

Canon Rev McGaffin underpinned comments made and said the Finance and Performance Committee had the advantage of looking at this information in greater detail. She said she was impressed by the reports that are shared with Committee and thanked the team for this. She also acknowledged the work by all staff in providing care during a difficult and fluid time. She said while there was optimism going forward there was also challenge however members could be assured that everyone is working to their capacity and beyond.

5/22/11

**DELEGATED STATUTORY FUNCTIONS AND CORPORATE PARENTING
REPORTING 1ST APRIL 2021 – 31ST MARCH 2022**

Mr Cassidy advised members that the Trust had confirmed to the Strategic Planning and Performance Group that it was compliant with its requirements to discharge its Delegated Statutory Functions during 2021/22. He said strong social work leadership and accountability had been demonstrated throughout all programmes of

care and the Social Work Leadership Forum had been developed to enhance social work practice and governance. He said however there continued to be challenges in the social work workforce, particularly in Family and Childcare Services and said the Chief Social Worker at DoH had established a Social Work Implementation Board 2022-2025. In addition, Mr Cassidy said he was chairing a Trust “Strengthening the Social Work Workforce Forum” initial workshop on 22 June.

Mr Cassidy led members through a detailed presentation and discussion took place on the Trust’s Action Plan Year End update.

The Chair asked why the number of unallocated cases was so high. Mr Cassidy explained that there were a number of issues including the increased complexity of the needs of young people. He said other issues impacted on family and child care services including very high levels of deprivation and poverty which added to the pressure families are experiencing. He said poverty was quite often the tipping point that moves families from community services to statutory services. He advised that staff seek to focus on early intervention services so that services are provided within the community. Mr Cassidy reminded members that Northern Ireland is the most deprived area of the United Kingdom and the Western Trust is the most deprived area of Northern Ireland with large rural poverty and additional pressure due to lack of transport to services. Mr Cassidy said he chairs an Outcomes Group which looks at community and voluntary sector working in collaboration with the statutory sector and that combined resources are targeted to those families most in need.

Mr Cassidy said while the report confirmed the Trust was compliant with its delegated statutory functions, there were areas for improvement. He said the Trust was working collaboratively with SPPG. Mr Cassidy commended his report to members for approval.

Mr Guckian said the report recognised the challenges across services and felt the report articulated these in a very balanced way. He added that it was also an opportunity for Board to thank all social care staff who had worked hard throughout the past year in very difficult circumstances. Mr Guckian thanked Mr Cassidy for his leadership.

Following consideration the report was proposed by Canon Rev McGaffin, seconded by Mrs Laird and unanimously approved by the Board.

5/22/12

SUB COMMITTEE REPORTS

Endowment and Gifts Committee - Verbal update from meeting held on 3 May 2022

Canon Rev McGaffin provided members with an update from Committee meeting held on 3 May. She said that Directorates had been set a spend target of £500k in 21/22. She said Directorates would be set new targets for 22/23.

Canon Rev McGaffin said new proposals would be coming to Committee for approval following discussion at a special meeting.

Canon Rev McGaffin provided an update on the Harlequin accounting system.

Canon Rev McGaffin provided an update on the Charities Registration project and said the Committee was in agreement to defer the decision to implement the new super funds with a view that a project plan would be brought to the June Committee for approval.

Concluding Canon Rev McGaffin provided members with an update on the work of the special E&G meeting regarding the staff and wellbeing fund. She said five proposals had been approved to date. She said Committee had received an interim report at its May meeting and considered and approved two further proposals.

Audit and Risk Assurance Committee - Minutes of meeting held on 7 February 2022

Mrs Laird referred members to the minutes of the meeting held on 7 February 2022. She highlighted a number of issues including whistleblowing, social care procurement compliance, internal audit progress report, CAWT and cyber security and business continuity.

5/22/13

ANY OTHER BUSINESS

There were no other business.

5/22/14

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 July 2022.

**Mr S Pollock
Chair
7 July 2022**