

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 6 January 2022 via Zoom

PRESENT

Mr S Hegarty, Acting Chair
Mr N Guckian, Chief Executive

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

Mrs D Keenan, Interim 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
Mrs K Hargan, Director of Human Resources & Organisational
Development
Mrs T Molloy, Director of Performance and Service Improvement
Ms E McCauley, Acting Director of Finance

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

1/22/1

CONFIDENTIAL ITEMS

1/22/2

CHAIR'S WELCOME AND INTRODUCTION

Mr Hegarty welcomed everyone to the January Board meeting and advised that he was chairing today's meeting on behalf of Mr Pollock.

He advised that further to the Permanent Secretary's correspondence of 24 September 2021 pausing Sponsorship and Governance activities, the Permanent Secretary had further considered this position in light of on-going pressures and has extended this position until the end of the Financial Year. He said there was no requirement for Ground Clearing and Accountability meetings to be held in relation to end year 2021/22 and arrangements would again be put in place for minimal end year processes.

However, Mr Hegarty said Accounting Officer responsibilities have remain unchanged; Non Executives should continue to provide both support and constructive challenge to their Executive colleagues as necessary and in the absence of normal sponsorship arrangements it is imperative that any irregularities or matters of concern should be notified to your Executive Board Member/Sponsor Branch immediately.

On 10 December Mr Hegarty said a number of members were delighted to join remotely for the Recognising Nursing, Midwifery and AHP services awards and the Social Work Awards. He said these events were excellent opportunities for the Trust to acknowledge the huge contribution that these staff have made in caring for the needs of patients and clients across the Western Trust. On behalf of the Chair, Mr Hegarty added the personal thanks of the Board for all of the vital work they do and for the service they give which has shown such courage and professionalism, particularly during these past 22 months of pandemic.

Concluding his report, Mr Hegarty said he wanted to place on record his thanks, on behalf of Board, for the commitment of all our staff across the Trust during these recent challenging times.

1/22/3

CHIEF EXECUTIVE'S REPORT

Mr Guckian referred members to a report of business. He provided members with an update on a range of issues. He said in recent days there had been unprecedented pressure across all programmes of care/services in the Trust. He noted that on 4 January the Trust had 45 patients in Altnagelvin waiting to be admitted to a bed. He said whilst this reduced to 38 yesterday, both figures were extremely concerning. In the South West Acute Hospital, there were 29 patients waiting on a bed on Tuesday, reducing to 15 yesterday, however again significant levels of pressure.

Mr Guckian advised that also this week the Trust had 51 Covid positive patients in Altnagelvin Hospital and 27 in South West Acute Hospital. He said this was in stark contrast to 21 December when there were 29 Covid positive patients.

Mr Guckian said the Trust had continued its Silver Command business continuity arrangements throughout the holiday period. He added that the Western area had experienced the highest level of Covid positive cases in the community in recent days and the most recent figures were 4,453 per 100,000 in Derry City and Strabane District Council area and 3,598 in Fermanagh and Omagh Council area. Mr Guckian said these figures were well above the Northern Ireland average and were a major concern as it was likely to lead to hospitalisations over the next number of weeks in hospitals that are already above capacity.

Mr Guckian asked the public to support the Trust. He said this could be done by helping with discharge and asked if the Trust could not offer the package of care or placement preferred, for families to work with the Trust to support timely discharge. He said an acute hospital is not the best location if you are medically fit for discharge and assured the public that no patient would be disadvantaged by this either financially or in access to packages of care. Mr Guckian also encouraged the public if they had not already received all vaccinations, to please do so now, and for the public to continue social distancing, mask wearing, ventilation and hand hygiene to limit the spread of Covid.

Mr Guckian said the majority of Trust services have been severely impacted by Omicron and said the Trust currently had a staff absence of 14.1% which did not include vacancies. He added that from children's services to mental health and disability, the Trust was developing contingency plans to try to sustain services. In addition, private nursing homes have been experiencing significant outbreaks over the last few weeks, many linked to staff contracting Covid. Likewise, domiciliary care providers are experiencing up to 19% absence levels, leading to reduced service.

In respect of the impact of all of the above within acute hospitals and other services, Mr Guckian apologised if Trust services were not the standard we would expect at this time. He commended all the staff who had been sustaining services in recent times, through very trying circumstances.

Continuing Mr Guckian reiterated as the Minister had said, the risk of getting Covid has never been higher, however it is clear that double vaccination, with booster, is the best protection against the Omicron variant of Covid. Mr Guckian again urged everyone to have a booster vaccination at one of the Trust's Vaccination Centres.

He said the Mass Vaccination Centres delivered 22,936 vaccinations in the 4 weeks to 28 December 2021, 18,264 booster doses, 1,882 first doses, and 2,676 second doses and 114 third primary doses to severely immunosuppressed individuals, giving a total vaccine delivery of over 300,000. In addition to our MVCs, he said the Trust's District Nursing Teams had delivered 1,464 vaccines to vulnerable individuals confined to their home (on referral from GP) and the schools programme delivered 7,655 vaccines.

Mr Guckian said the vaccination team have organised 3 mobile vaccination clinics across the Trust's geography and the Mass Vaccination Centres continued to offer bookings in Foyle Arena and Lakeland Forum.

Mr Guckian referred to hospital visiting and said in Christmas week, the Trust made the decision to further restrict visiting to exceptional circumstances only across its facilities. He said this decision had been based on a number of factors including the high levels of Omicron in the community, evidence from Infection Control and Prevention staff of cross infection of patients from relatives/visitors, and significant deficits of staffing to monitor the visiting process. Mr Guckian said this decision was again reviewed on 5 January 2022 and while it had been hoped to ease restrictions,

with community transmission at unprecedented levels it was not appropriate at this time. Mr Guckian said the Trust recognised the difficulties this decision had created for patients and their families and apologised for this. He assured that this restriction would be kept under regular review.

Mr Guckian said on behalf of his Corporate Management Team he wanted to congratulate Sister Buchanan, Ward 26 Respiratory, Altnagelvin Hospital, on receipt of a MBE in the New Year's Honours List. He said this was a great recognition for Sister Buchanan and all the team, particularly during the pandemic period. He also congratulated Ms Carmel Green, Occupational Therapist, who received the Brain Charity Outstanding Healthcare Professional Award for 2021.

Finally, repeating what the Chair said earlier, Mr Guckian congratulated all those nominated in the recent Nursing, Midwifery and AHP Recognition Awards and the Social Work Awards. He said it was great to hear so many examples of staff whose dedication, commitment and professionalism had made such significant impact on patients and clients and the services we provide.

Mr Guckian also welcomed Mrs Keenan to her first Trust Board meeting.

Mrs Laird took the opportunity given the relentless pressure on all staff in hospital and community to commend them for their herculean efforts which had been outstanding and said when you saw what the awards events meant to staff, it was an excellent experience. She said all staff had the Board's support. Mr Hegarty endorsed these comments.

1/22/4

APOLOGIES

Apologies were received from Mr Pollock, Chair, Dr McDonnell, Medical Director, and Ms K O'Brien, Director of Adult Mental Health and Disability Services.

1/22/5

DECLARATION OF INTERESTS

There were no declarations of interest.

1/22/6

MINUTES OF PREVIOUS MEETING – 2 DECEMBER 2021

The minutes of the last meeting having been previously distributed were proposed by Canon Rev McGaffin, seconded by Dr McPeake and unanimously carried by the Board as a true and accurate record of discussion.

1/22/7

MATTERS ARISING

There were no matters arising.

1/22/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Mr Guckian referred members to the Trust's Corporate Risk Register as approved at Trust Board on 2 December. He said there were currently 21 risks.

Mr Guckian shared with members a proposal to de-escalate risk ID719 to Directorate risk registers to enhance governance and accountability. Following consideration this proposal was proposed by Mrs Laird, seconded by Dr McPeake and carried unanimously by the Board.

Members noted an update is required in respect of risks ID1216 and ID719.

1/22/9

FINANCIAL PERFORMANCE REPORT FOR MONTH 8

Ms McCauley referred members to the Trust's month 8 financial performance report, for month ending 30 November 2021. She said at month 8 the Trust was reporting a deficit of £9.7m. It was noted that included in this deficit is £0.6m which relates to unfunded Transformation projects.

Members were advised that the projected deficit for the year had been revised to £14.5m following the mid-year assessment. Ms McCauley said the core deficit had reduced further since the previous report to account for £1.5m of further income from HSCB against inescapable pressures. She assured members that the Trust will closely monitor financial performance against the financial plan and will continue to liaise with HSCB to work towards the control total of £12m.

Ms McCauley advised that the Trust's elective care allocation has some slippage of approximately £1m across both in-house capacity and independent sector due to the impact of Covid.

Members were advised that the Trust paid 92.3% of its undisputed invoices with suppliers within 30 days, at 30 November 2021.

Dr McPeake referred to the capital allocation which is currently underspent. He said with 3 months left in this financial year was the Trust satisfied that the allocation would be spent in full. Ms McCauley said the Trust was confident that the allocation would be spent and said this expenditure had been discussed in detail at this week's Finance and Performance Committee.

Dr McPeake referred to Table 5, financial performance by Directorate, and referred to expenditure for a number of Directorates which had increased from October to November. He said given current pressures he would assume expenditure would continue to increase to year end. Ms McCauley assured the Board that this expenditure had been built into the Trust's financial planning and that staff were scrutinising very closely the workstreams established to manage expenditure in respect of medical locums and nurse stabilisation.

Mrs Laird asked if capital expenditure had slowed down due to staff absence. Ms McCauley advised that most of the Trust's capital expenditure is undertaken by contracted out providers and at this point in time no risk had been highlighted. It was also noted that the Trust has contingency plans in place.

Mrs Laird sought clarity on the Trust's ability to use underspending from transformation projects to support strategic transformation projects. Ms McCauley advised that the Trust awaited a formal response from the DoH on this but that the Trust's financial deficit took account of this and the Trust continued to discuss this with the HSCB.

1/22/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to her report for month ending November. She said the Finance and Performance Committee at its recent meeting reviewed the report. She said the Committee had received more detailed reports in respect of CAMHs and waiting times and that she had made a commitment to bring a more detailed briefing to Trust Board on waiting times.

Mrs Molloy advised that at the time her report had been developed for members there were 39 Covid positive patients in our hospitals and the dataset of yesterday showed there were now 90 Covid positive patients, with 82 of these across our 2 acute hospitals.

Mrs Molloy said the Trust was in line with or exceeding Rebuild predictions for November across Outpatients, IPDC, diagnostics and cancer services. She said the main concerns remained with the impact of winter and Covid surge on inpatients into January, the continuing growth in endoscopy waiting list, and the instability of cancer 14 day and 62 day pathways due to staffing and access to diagnostics and theatres. Mrs Molloy added that the Trust was at or over 95% of its pre-pandemic level of activity (same month 2 years ago) in Outpatients, daycase, diagnostics and cancer 31 and 62 day pathways.

Mrs Molloy advised that the Trust was concluding discussions internally and with the HSCB on waiting list allocation where there has been some slippage in delivery around independent sector and AHPs in-house plan.

Referring to Endoscopy, Mrs Molloy said this service remained an area of considerable concern. She reminded members that the service was on the Trust's risk register and the risk was reviewed in detail at the Governance Committee meeting on 15 December. She said the Assistant Director responsible for the Service took the Committee through the controls and actions being taken which include specific work with the Commissioner to increase capacity across the Trust through funding of additional nurse endoscopy staff and exploring the opening of a second endoscopy room at South West Acute Hospital. Mrs Molloy said there was a preliminary meeting with the Commissioner on 18 January and that work would be undertaken in the coming months. Mrs Molloy commended staff on the work that has been done to date.

Mrs Molloy also advised that there are also a number of internal improvements and changes being worked through to improve utilisation of endoscopy lists and equalise waiting times across the Trust. She said these included improved pre-assessment, validation of lists and centralising the booking of appointments. Finally, she said the Trust was working with a regional group, chaired by HSCB, to make additional in-house capacity available at Lagan Valley hospital, and the Trust would be able to send its longest waiting patients there from this month.

Continuing on unscheduled care, Mrs Molloy said this continued to be one of the Trust's most challenged areas of care. She said November showed very high numbers of people waiting over 12 hours and that that pattern continued in December.

Mrs Molloy referred to the regional position and said the Trust was on a par with the rest of the region in respect of performance and better in respect of cancer and diagnostics.

Prof McKenna referred to waiting times and asked would emergency referrals be seen first. Mrs Molloy advised that the general position across community services is that time critical referrals take priority over routine referrals. She said for example in CAMHs there has been an increase in urgent referrals and these will be seen first. She said however for hospital services, there is a triage process in place which reviews all referrals referred as urgent. Prof McKenna asked further if those on routine lists are informed they are routine. Mrs Molloy said there is no routine process to inform patients or clients in the routine category however she added that this had been flagged by the Patient and Client Council as an area the Trust should be more active on. Mrs Molloy said information on the waiting times is available on the Trust's website and the Trust also provides information to GPs.

Mrs Laird referred to the proposal to use Lagan Valley for endoscopy patients and asked if there would be sufficient capacity to treat the longest waiters. She asked if Mrs Molloy would keep Trust Board informed of the crucial meeting with the Commissioner on 18 January. Mrs Molloy said Lagan Valley would run 2 lists averaging 15 patients per week and that her understanding was that all longest

waiters across the region would be targeted. She added that the meeting with the Commissioner was an early meeting to discuss capacity and that she would be happy to keep the Board updated in due course. Mrs Molloy added that the Trust had put in place a range of measures that will increase capacity significantly and that the Trust would be pursuing the HSCB to support this and fund appropriately. Mrs Molloy said it was very important to note that endoscopy is a very important and key procedure in respect of cancer pathways.

1/22/11

FOOD HYGIENE AND SAFETY POLICY

Mrs Molloy shared with members for approval a revised Food Hygiene and Safety Policy.

Dr McPeake asked if all of the Trust's facilities complied with the EHO classifications. Mrs Molloy said the outcome of these inspections are shared with her and reported into a sub-Committee of the Governance Committee. Following consideration the policy was proposed by Canon Rev McGaffin, seconded by Dr McPeake and carried unanimously by the Board.

1/22/12

VACCINATION PROGRAMME – UPDATE

Mrs Hargan referred to her report and commended the enormous amount of work and effort spent by staff in delivering the Trust's Vaccination programme. She also recognised the contribution from Council staff whose facilities had been made available to the Trust.

While Mrs Hargan said she was disappointed to see a drop off in the level of bookings at centres, she said the mobile vaccination clinics were continuing to be successful. She said at the mobile clinic in Limavady on 5 January, 300 vaccines had been delivered, the full amount available. She said there was now a programme to revisit local areas in February.

Mrs Hargan said the Department of Health has begun discussions with Trusts and the Public Health Agency regarding mainstreaming of vaccination programmes and said this would receive further focus during the first quarter of 2022, with a workshop being led by the DoH next week.

Mrs Hargan said the Joint Committee on Vaccination and Immunisation continues to issue guidance and as it does the Trust will continue to respond.

Mr Hegarty asked if there was any possibility that there would be a second booster in spring. Mrs Hargan said the JCVI would advise on this in due course.

Dr McPeake welcomed the collaborative working with the Derry City and Strabane District Council and Fermanagh and Omagh District Council and suggested the Trust should write to them. Mrs Hargan said she would take this forward.

1/22/13

ANY OTHER BUSINESS

There were no further business.

1/22/14

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 3 February 2022 at 11 am.

**Mr S Pollock
Chair
3 February 2022**