

**Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Thursday, 3 February 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

Dr C McDonnell, Medical 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  
Mrs K Hargan, Director of Human Resources & Organisational Development  
Ms E McCauley, Acting Director of Finance

**IN ATTENDANCE**

Dr E Brady, Assistant Director Mental Health In-patient and Crisis Services  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Executive Officer to Chief Executive  
Mr S McCaul, Assistant Director Clinical Quality and Safety

2/22/1

**CONFIDENTIAL ITEMS**

2/22/2

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the February Board meeting and in particular welcomed Ms Ciara Maguire, Strabane Weekly and Ms Roisin Henderson, Fermanagh Herald, for joining the meeting. He asked that any questions are forwarded to Mr Kelly after the meeting.

The Chair referred to Minister Swann's press release on 20 January welcoming the Executive's decision to ease a number of COVID-19 restrictions. He said the

Minister referred to “cautious optimism” being the best approach to dealing with the current phase of the pandemic and acknowledged with thanks that the massive effort across Northern Ireland had meant the worst fears about the Omicron variant had not been realised. In supporting the Minister, the Chair added his thanks to all staff and asked the public to keep wearing a face covering, work from home if possible and take all the other steps that help prevent the virus spreading.

The Chair said at the last Trust Organ Donation Committee meeting very specific compliments were expressed of the excellent work which critical care and theatre staff have done in support of identifying and progressing possible donations, particularly during the Covid pandemic. The Chair said he wrote to both Mrs McKay and Mrs Keenan to acknowledge this tremendous work in difficult times in both Altnagelvin Hospital and South West Acute Hospital by these staff and the Hospital Chaplains. He added that the efforts made by so many during such a difficult time were simply outstanding. The Chair said he received a letter of response from the Chaplains who appreciated the support.

2/22/3

## **CHIEF EXECUTIVE’S REPORT**

Mr Guckian referred to his report since the previous meeting.

### **General pressure on Services**

Mr Guckian began his briefing by advising that as at 3.30 pm on 1 February, there were 28 patients waiting for a bed in Altnagelvin Hospital and 12 patients waiting for a bed in South West Acute Hospital. He said the pressure had been gradually building during the week and that staffing remained challenged with staff absences still affecting service provision across all Programmes. Mr Guckian added that the most recent surge saw the number of COVID-19 positive inpatients in hospitals fall to 58 patients on 26 January 2022 and hoped the Covid trend would continue thereby enabling increased capacity for patient flow.

Mr Guckian advised that there were also higher numbers of COVID-19 positive inpatients in community hospitals in this surge, which was understandable given the high level of transmission with the Omicron variant. He said outbreaks in residential and nursing homes also peaked in early January with this had now reduced to 28 as at 26 January 2022.

### **Performance**

Mr Guckian said members would hear later in the meeting the Trust is starting to stem the growth in waiting lists as the Trust rebuilds services to pre-pandemic levels. He assured Trust Board that the Executive team was not underplaying the seriousness or scale of the number of patents or clients waiting for assessments or interventions across hospital and community services. He added that while it was

natural to focus on the numbers waiting for assessment or intervention, equal attention should be paid to what staff are continuing to deliver in these challenging times. He added that as the Trust comes through the most recent wave, the Trust would redouble its efforts to build services back and to introduce new thinking and new ways of working across all of services.

### **Vaccination Programme**

Mr Guckian referred to the Trust's vaccination programme which had reached a significant milestone with the Trust having administered over 313,000 vaccinations since the commencement of the programme in December 2020, and with 30,083 administered since returning to the 3 Mass Vaccination Centres in December 2021. However, Mr Guckian said there had been a significant downturn in demand for the vaccine since the start of the year and the anticipated uptake of the booster programme had not materialised and the 3 Mass Vaccination Centres in Foyle Arena, Lakeland Forum and Omagh Leisure Centre closed on 30 January.

Members were advised that the programme would continue as large numbers of people are still not fully vaccinated and the Trust would provide access to the vaccine across its geography through a combination of static hubs and mobile clinics.

Mr Guckian continued to provide members with an update on the programme for 5-11 year old children who are categorised as "at risk", the severely immune-suppressed (SIS) patient booster programme, vaccination to housebound patients and inpatients and staff.

Mr Guckian took the opportunity to thank the entire vaccination programme team, including the many volunteers and public sector partners, for all that they have done and continue to do, to protect our population.

### **Visiting**

Mr Guckian advised that the Trust Visiting Group continually reviews the visiting arrangements across the Trust. He said the group last met on 24 January and is due to meet again on 7 February or sooner if there are any outbreaks or an increase in transmission rates. Mr Guckian said the restrictions had been gradually eased over the last few weeks as a result of monitoring key factors closely. Mr Guckian said exceptional circumstances remained in place and all relevant details are available on the Trust's website.

### **Neonatal Staffing**

Mr Guckian advised that the Neonatal Unit at the South West Acute Hospital had recently been the subject of much interest from media, elected representatives and correspondence from Fermanagh and Omagh Council.

Mr Guckian said neonatal nurse staffing remained critical with unfilled senior experienced nurse positions and that this was expected to worsen in the coming months as 2 further Qualified in Specialty (QIS) neonatal nurses are due to retire. Mr Guckian said the Unit was dependent on retired staff and Unit staff working additional shifts in order to deliver emergency care and stabilise neonatal services to babies born in the South West Acute Hospital. Despite this Mr Guckian said many shifts remained uncovered, with 1 neonatal nurse present and back-up provided by a midwife, paediatric nurse or HCA. He added that although midwives have new born life support training, there were gaps in provision of ongoing care and stabilisation of new born babies.

Mr Guckian advised members that the Trust had tried to recruit to a variety of positions, with no success. He said there was also a regional and national shortage of Qualified in Specialty (QIS) neonatal nurses. Mr Guckian advised that the Director of Women and Children's services had established a project management structure to review the current situation and develop improvements including a national recruitment and communications strategy, with a first meeting having taken place on 2 February involving the HSCB, the PHA, local clinicians and nursing staff. He added that a user reference group will also be established with links to Pathfinder.

Mr Guckian concluded by advising that the Trust will continue to work closely with the HSCB, the PHA and neonatology network colleagues to try to resolve current and future staffing difficulties.

### **Support for the Nursing Workforce**

On 1 February 2022, the Chief Nursing Officer and Trust Directors of Nursing wrote to all registered nurses, midwives, nursing and midwifery support staff and student nurses to thank staff for their professionalism, dedication and commitment. The letter also encouraged them to access support should they feel the need and acknowledged that many staff retrained, kept services going, worked in unfamiliar areas and covered for colleagues during the pandemic.

Mr Guckian said he would like to add his thanks on behalf of the Corporate Management Team and Trust Board, and to acknowledge how our workforce had all ensured our patients and clients were kept safe during these unprecedented times.

### **Media Interest**

Since the last Board meeting Mr Guckian alluded to 2 media issues. First, on 11 January the preliminary hearing for the second Inquest into the death of Raychel Ferguson (in 2001) was held. Mr Guckian assured the Trust Board, the Ferguson family and the Coroner, that the Western Trust would support the Inquest process fully, in an open way.

Secondly, there had been a media article in relation to the 15<sup>th</sup> anniversary of the death of Mrs McGinley, who was found to have multiple injuries post mortem. Mr

Guckian again reiterated the Trust's sincerest apologies to the McGinley family for the distress experienced as a result of the Trust's failures in the investigation of the Critical Incident Review instigated in March 2007. He said the Trust fully accepted the findings of the former Ombudsman's in-depth report.

2/22/4

### **APOLOGIES**

Apologies were received from Ms O'Brien, Director of Adult Mental Health and Disability Services. The Chair welcomed Dr Brady, Assistant Director Mental Health In-patient and Crisis Services, who was attending on her behalf.

2/22/5

### **DECLARATION OF INTERESTS**

There were no declarations of interests expressed.

2/22/6

### **MINUTES OF PREVIOUS MEETING – 6 JANUARY 2022**

The minutes of the previous meeting held on 6 January having been previously distributed, were proposed by Mrs Laird, seconded by Prof McKenna and unanimously carried by the Board as a true and accurate record of discussion.

2/22/7

### **MATTERS ARISING**

There were no matters arising.

2/22/8

### **CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Dr McDonnell referred members to the Trust's Corporate Risk Register and Board Assurance Framework. She said the Register had 21 risks as agreed at the last Board meeting on 6 January 2022.

Dr McDonnell advised that there were no new risks or material changes to this month's Register and referred members to updates provided.

Dr McDonnell referred to the Board workshop on 7 April where members would have the opportunity to discuss the corporate risk register and risk appetite in greater detail.

2/22/9

## **QUALITY IMPROVEMENT MONITORING REPORT – FALLS**

Mrs Keenan referred members to the Quality Improvement Plan in respect of Falls.

Mrs Keenan advised that falls continued to be the highest reported incident within the Trust and said work was ongoing to raise awareness regarding the prevention of falls. She said this work was supported by the Professional Nursing Team and the Falls Integrated Pathway Coordinator through the Trust's Slips, Trips and Falls Group.

Mrs Keenan advised members that the Group updated the Trust Policy to support the reduction of slips, trips and falls for adult inpatients which now included an additional risk assessment for those who report a fear of falling, have had a fall in the last 12 months or are assessed as having a risk of falling. The group has also created 4 further sub groups to look at specific areas and these sub groups update the Slips, Trips, and Falls Group on progress on a quarterly basis.

Mrs Keenan reported that the Falls Bundle tool continues to be audited monthly with results recorded on the Nursing SharePoint site. She noted that up until recently the Trust had been completing bi-monthly audits however Mrs Keenan said these were now monthly as requested by the PHA. She said compliance with the bundle appeared relatively static in most areas however areas that have poor compliance are discussed at local level and at Directorate governance meetings for assurance that actions are taken and monitored to show improvement.

Mrs Keenan advised that due to the ongoing Covid-19 pandemic the Trust had severe workforce challenges and nursing dependency challenges, which had impeded much of the quality improvement work that had begun previously. She said this was particularly evident in Quarter 4 2020/21 to present with an increase in falls per 1,000 bed days. She added that further contributing factors to this were the single rooms within the North Wing of Altnagelvin Hospital and within the South West Acute Hospital. She said that hospital visiting had been significantly reduced and at times suspended and this had meant that there were less family members around to monitor or prevent falls before they occurred and alert staff to potential falls. She also advised that the ability to secure enhanced care (1-1's) covered through Bank or Agency had also contributed to the number of falls. Mrs Keenan said reporting of moderate and above harm is ongoing to the PHA and learning from these incidents is shared locally at wards/departments and also through the Slips, Trips and Falls Group.

Mrs Keenan continued to advise that the review of moderate and above falls is supported by the Falls Integrated Pathway Coordinator. She said work has begun to establish a new Falls learning group that will focus on improving prevention of falls and enhance shared learning. Members were advised that due to staff challenges throughout the year the Falls Collaborative had not met as frequently as desired and this was due to recommence imminently. It was noted that during the pandemic

some wards were closed or reassigned to a new speciality and this was captured in the information within her report.

Dr McPeake asked what a realistic excellent performance is for Falls. Mrs Keenan said it was not possible to give a specific number as acute hospitals are seeing an increasing number of patients with dementia and increased frailty and that every slip, trip or fall is recorded. She added that the Trust was also seeing an increase in the number of falls within nursing homes as the Trust has been encouraging the recording of these within them. Mrs Keenan said the Trust has only one Falls Co-ordinator and that consideration needs to be given to increasing this workforce.

Prof McKenna asked for more information on the Falls Collaborative and asked how the Trust differentiated between slips and falls. Mrs Keenan said when a patient falls the Trust monitors the patient over a period of time. She said the Falls Collaborative was set up and extended during Covid where a lead nurse meets with the ward lead nurse to discuss slips, trips and falls that have occurred and what learning can be shared. She said this approach provides focus on each and every fall and identifies those patients who have had a number of falls. Mrs Keenan said she was striving to get a more robust process in place to record this information for sharing. Mrs Keenan added that wards were very much looking at falls that cause harm and those which should be classified as a Significant Event Audit or a Serious Adverse Incident. 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.

2/22/10

### **INFECTION PREVENTION AND CONTROL – UPDATE**

Dr McDonnell referred members to an update within papers. She said while the Trust had been managing the Covid pandemic over the last 22 months each surge had offered particular challenges. She said the high level of transmissibility of the Omicron variant had raised particular challenges for the IPC team in managing risk of nosocomial infection and this had required collaborative working across teams and Directorates to minimise impact. Dr McDonnell shared with members the challenges, impact and mitigations in this regard and said it was important for members to see how the Trust managed this situation. Dr McDonnell said Trust Silver supported this work and on occasions met twice daily to support difficult decisions which had to be taken for example, hospital visiting. Dr McDonnell concluded her report by referring members to the Trust's performance in respect of Caesarean Section and Orthopaedic surgical site infections.

Mr Guckian said on behalf of the Board he wished to commend the Infection Prevention and Control Team, a relatively small team but had made a huge impact in the Trust. He said it rose to the challenge during the pandemic and its support and guidance to staff and its leadership and commitment over the past 2 years to the population of the West was tremendous.



Dr McPeake referred to discussion at the previous meeting regarding performance in respect of *C. difficile* and MRSA and reporting against last year's targets. Dr McDonnell said that she would include this in her future reports.

Mrs Laird commended the IPC team for its exceptional work and said securing a reduction in surgical site infections was noteworthy.

2/22/11

## **FINANCIAL PERFORMANCE REPORT FOR MONTH 9**

Ms McCauley presented the Trust's financial performance report for the 9 months ended 31 December and said the Trust was reporting a deficit of £11.1m at end of December 2021. She advised that the Trust continued to liaise with the Health and Social Care Board in relation to the Trust's financial plan and said the final RRL position 2021/22 was not yet confirmed. She reiterated that the Trust's Control Total was £12m.

Ms McCauley said the Trust's financial plan indicated a Trust opening deficit of £35.5m. She said the opening deficit was primarily the residual element of the Recovery Plan at 1 April 2021 of £15.7m plus the 2019/20 and 2020/2021 savings plans not yet achieved recurrently. She advised that the 2019/20 and 2020/2021 savings plans were delivered non-recurrently in 2020/21.

Ms McCauley noted that the Trust submitted its financial plan for 2021/22 to the DoH/HSCB on 3 June 2021 which projected a deficit of £62.9m. She added that the Trust's projected year end deficit was currently £14.5m and which reflected funding for other inescapable pressures, energy pressures and assumed full funding for Covid. She added that the Trust's mid-year financial assessment also reduced the deficit to take account of other in-year opportunities.

Ms McCauley referred to non-pay expenditure and table 8 and said heat, light and power was the biggest growth expenditure in this year. She said she was currently considering what the predicted spend will be for next year.

Ms McCauley referred to total flexible payroll expenditure on agency and bank staff and overtime across the Trust since April 2020. She reminded members of the initiatives to stabilise the workforce and reduce spend on agency. Ms McCauley continued by referring to the Trust's capital allocation and referred members to a table that showed the expenditure to 30 November and planned year end position to 31 March 2022.

Ms McCauley referred to Elective Care funding. She said the Trust had been allocated £13.5m for the delivery of elective care across a range of specialties for in-house and independent sector activity. She said the financial assessment of the deliverability of the elective plan had identified potential slippage of £2.4m mainly in independent sector activity. Ms McCauley noted that this was largely associated



with the impact of the recent Covid surge on providers and the Trust was actively working with providers and HSCB to redeploy this slippage.

Ms McCauley advised members that 91.9% of undisputed invoices were paid within 30 working days of receipt against a target of 95%.

Concluding her report Ms McCauley advised that the Trust was engaged with the HSCB to confirm the HSCB's intent for Transformation projects for 2022/23. She assured members that Directorates were demonstrating a focussed grip and control in their pay and non-pay rates. She said as Directorates work through their rebuild plans they will focus on bringing spend back to funded baselines taking account of expected post Covid factors that will be outside the Trust's control.

The Chair thanked Ms McCauley for her report and encouraged Directors to get the Trust within its control total by year end.

Prof McKenna referred to agency costs and said he was pleased to see a decreasing spend on medical costs. He referred to nursing agency costs and sought further information on the initiatives for a similar reduction. Ms McCauley referred to the nursing stabilisation workforce group which considers service pressures across both hospital and community settings. Ms McCauley said some of the issues are due to the acuity of patients coming into hospital and work is taking place looking at the nursing model for these types of patients. She added that there is also work in reducing the use of expensive nursing agencies. 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.

Mrs Hargan confirmed that the Trust has a very good relationship with Ulster University Magee and said the vast majority of nurses who have qualified from there have come to work in the Western Trust. However, she said there is always more the Trust can do and the Trust will continue to work closely with the University in respect of both nursing and medical workforce. Mrs Hargan also advised that a regional group has been established, under Mr Guckian's chairmanship, to consider how the HSC can reduce agency expenditure. She said a mapping exercise had commenced and that there is a significant programme of work ongoing.

Prof McKenna also advised that from September 2022, all AHP courses would be delivered at Magee which would hopefully benefit the Western Trust.

Mr Hegarty sought more information on the Innovation Lab. Mrs Hargan advised that this was an initiative that sits within the Department of Finance. She said the Lab responds to challenges where effective service provision for the public has proved most difficult and aims to improve public services by creating new and ground-breaking innovations through transformation and invention. Mrs Hargan said she would share more information with members.

The Chair referred to the cost of agency and asked was this being considered. Ms McCauley advised that the Trust has contracts in place for agencies and cost is largely in line with the terms and conditions for HSC staff but said because of the current situation, the Trust has had to go to non-contract agencies which cost more.

Mrs Laird referred to agency costs and other related costs and asked if the Trust were to be given a percentage of that spend what would be the savings in directly employing our own staff. She asked could a paper be developed that would outline if we had the funding, and what would be the barriers. Mrs Laird said she felt it was important for the Board to look strategically at the use of this money and how it is spent. She added that she was delighted that Mr Guckian was chairing the regional group but would like to see the cost benefit information. Mrs Hargan said this detail and modelling was being considered within the regional group and that she would be happy to share a report with the People Committee in due course.

Mr Guckian noted that included in our agency spend is £7m for junior doctors. He said the Trust is not the employer of junior doctors and said when the recruitment and allocation of junior doctors lies outside the Trust, but the expenditure sits with the Trust, it is very difficult to manage this. He added that the Western Trust is disadvantaged in the allocation of junior doctors, and with its geographical location.

2/22/12

## **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred members to the performance report for the month of December 2021, and also to the appendices which gave a summary information on Phase 7 Rebuild performance for the 3 months of October to December.

Mrs Molloy began by underscoring the Chief Executive's report on the delivery of services right across this period. She referred to the summary table on Phase 7 that in December 21 the Trust had operated at or close to pre-pandemic levels in day case surgery, endoscopy, 14 day and 62 day cancer pathways, diagnostics, domiciliary care, and almost all of our Mental Health services. Mrs Molloy added that there were 3 areas which she would like to highlight in the report where the Trust had significant and complex challenges - elective care, cancer care and finally psychological therapies.

### **Elective Care**

Mrs Molloy advised that the number of patients on our waiting lists had stabilised and the Trust had not seen a very significant growth in its number of patients breaching the hospital access standards, which was seen in the first year of the pandemic. As a region she added that the Service was seeing some levelling off of numbers of patients breaching, as we gradually rebuild services, and capacity to see patients increases. The backlog of patients which has built up however remains and will be a local and regional issue to tackle.

Nevertheless Mrs Molloy said she wanted to recognise the huge effort which was being applied across all services to restore capacity and see patients and clients who have been waiting too long for assessment or treatment.

Mrs Molloy referred to the Trust's WLI allocation this year and said this had been much higher than in previous years and much more complex to manage. She said overall, the region had been allocated £90m non-recurrently and said while this had helped stem the growth in waiting lists, it had not enabled the system to reduce them to any significant degree. Mrs Molloy said all Trusts could expect that not all areas of WLI work would go to plan, particularly over the winter period, and with the workforce absence that has been seen recently. She said this had been the case for the Western Trust, causing some slippage in both IS contracts and in in-house plans. Mrs Molloy assured members that staff were working diligently to redeploy funding to other areas.

Mrs Molloy referred to the recent publicity around the orthopaedic treatments which are now being delivered in the South West Acute Hospital by a private sector provider. She said by the end of this week 64 patients would have been treated. Mrs Molloy also advised that the Trust continues to work as part of the Regional Prioritisation Group to allocate theatre lists to the patients with the highest clinical priority as well as implementing other initiatives including the use of mega clinics to see and treat or provide pre-operative assessment particularly in orthopaedics and ophthalmology, the methodical validation of waiting lists and movement toward the strict chronological management of patients across the region by the regional WL Management Unit.

Mrs Molloy said that Trust was delivering 91% of its pre-pandemic outpatient activity, 89% of our IPDC pre-pandemic activity and had over delivered against its plan for the period.

Concluding this section, Mrs Molloy advised that Endoscopy continued to be challenging, but was meeting its rebuild targets and steady progress was being made to close the capacity gap in this service. She added that the backlog of patients remained a challenge but regionally an endoscopy group was currently working to equalise waits and deliver additional capacity in this area.

### **Cancer Care**

Mrs Molloy advised that 4 out of 5 Trusts have struggled to consistently meet the 14 day breast standard. She said this had been the case for the Western Trust in December, particularly due to a reclassification of low risk patients increasing the demand for this service. She said the Trust's January performance would be much better however the position remained unstable with WLI work trying each month to fill the capacity gap in this service.

Mrs Molloy noted that the HSCB had just completed and fed back on a demand capacity exercise. She said this had acknowledged the capacity gap in the Western Trust and discussions will now proceed on what action can be taken forward for the longer term. Mrs Molloy said the Trust had already developed a proposal for the Commissioner on recommended steps to take to uplift capacity over time.

Mrs Molloy added that the Trust has continued to deliver the required standard of access to the 31 day cancer pathway for those patients with a confirmed diagnosis of cancer and will be prioritised as red flag. She said 62 day cancer access continued to be affected, primarily due to access to diagnostics, and to theatre capacity constraints. She noted that Urology had the highest number of breaches, and discussions are underway to explore additional sessions for the specialty.

### **Psychological Therapies**

Mrs Molloy advised that the Western Trust was one of 3 Trusts which is significantly challenged in this area of treatment and care. She said while the number of patients breaching the access target was the highest in the Western Trust, the breach position had been stable for the whole of this year and was not growing further. She noted that backlog management and process improvement was being focussed on by the team, and the Working Together Delivering Value Management Board is monitoring progress in this area including validation of waiting lists, and the clinical psychology lead has been asked to review the skill mix within the service. Mrs Molloy assured Trust Board that there is good oversight of this work and staff are positively engaged with the changes being tested and implemented.

Continuing with her briefing, Mrs Molloy referred to unscheduled care. She said maintaining patient flow remained the largest challenge for our hospital and community teams as attendances at ED were well within that seen for the pre-pandemic period.

Mrs Molloy said as numbers of Covid patients once again grew in this period, high numbers of care homes had also been in outbreak, and domiciliary care providers had struggled with staffing due to the transmission of the Omicron variant. Mrs Molloy added that the impact had been seen in congested EDs after the Christmas period and the numbers of people waiting over 12 hours had remained very high across all Trusts in this period. Mrs Molloy advised that Altnagelvin Hospital had embarked on a series of reset days, and that this approach would also start in the South West Acute Hospital in February.

Finally, Mrs Molloy advised that the number of Covid patients in hospital were once again falling and staff absence levels were beginning to reduce. She said the Trust had been asked to review its rebuild projections for the rest of this quarter, and that it was likely these would be published shortly.

The Chair thanked Mrs Molloy for her informative report.

Mrs Laird said she took encouragement from the report which clearly identified Trust issues. She said she was concerned with performance against the 14 day breast standard and sought an assurance that this is monitored closely. Mrs Molloy also assured that the 14 day standard has always been an area of focus and said this area has been scheduled for discussion at a senior DoH meeting next week. Mrs Molloy assured that there are other Trusts whose performance has been very variable and said she was disappointed at the access Western Trust patients have to regional services. She said she would bring further information on this into her report periodically.

Mrs McKay said the issues within breast services are not new to the Trust. She said the Trust has more demand than capacity for the service and added to that the Trust has had 2 consultants off during December which affected the ability to see patients within 14 days. She said that as at 23 January, 96% of patients had been seen. Referring to the 62 day pathway, Mrs McKay said access to theatres was difficult currently as theatre nurses had been redeployed to ICU however she hoped that in the next 2 weeks to de-escalate and return 3 nurses to theatre and this would give 10 additional theatres sessions. In addition she said the Covid ward would also be de-escalated and the ward would return to the orthopaedic team.

Prof McKenna said he was interested in the communication across Trusts on some of these issues and referred to the table on page 5. He referred in particular to patients with dementia and those waiting more than 9 weeks. Mrs Molloy advised that there is not a collaborative process to regionalise this service. She said the consultant complement was very different from Trust to Trust and there was a significant level of difference between some Trusts. Mrs Molloy said she was happy to take this discussion forward into regional discussion.

Canon Rev McGaffin referred to endoscopy services and to 1,000 potential cases to be seen. Mrs Molloy advised that the Trust had been in discussion with the HSCB in respect of a demand capacity gap and said there had been an agreement to invest which would equate to 1,000 cases. She said this was progress and that the Trust has very good and ongoing dialogue with the HSCB on this.

Dr McPeake said he was very interested in the comparative table and asked where Northern Ireland's performance sat in comparison with the UK. Mrs Molloy said Northern Ireland is recognised as having the longest waiting lists in the UK. She added that as a whole, Northern Ireland can work together to build capacity and deal with backlogs. Dr McPeake outlined the challenges in moving forward and said funding was not the only solution. Mrs Molloy agreed and said the Elective Plan cited new ways of working and this was accepted and acknowledged that there needs to be combination of factors going forward.

2/22/13

**INFECTION PREVENTION AND CONTROL POLICY FOR MANAGEMENT OF C. DIFFICILE ASSOCIATED INFECTION**

Dr McDonnell shared the updated policy with members for approval.

Following consideration the policy was proposed Mr Hegarty, seconded by Canon Rev McGaffin and approved unanimously by the Board.

2/22/14

**SUB COMMITTEE REPORTS**

1. **Finance and Performance Committee – Minutes of meeting held on 4 January 2022**

Mr Hegarty shared with members the minutes of the Committee held on 4 January. He said the minutes reflected the depth of the reports to the Committee and acknowledged the work and support of his fellow Non-Executive Director colleagues on the Committee.

Mr Hegarty highlighted issues such as waiting times, staffing levels in CAMHs, agency and locum staff, international medical recruitment team and nursing stabilisation group.

2. **Governance Committee – update from meeting held on 15 December 2021 and minutes of the Governance Committee meeting held on 29 September 2021**

Dr McPeake referred members to the Committee minutes of 29 September 2021 and to a briefing of the meeting held on 15 December 2021. He said the December meeting enjoyed its first deep dive and discussed staffing pressures across a range of specialties. Dr McPeake said the Committee had been given a high level of assurance that these pressures are being managed the best they can and on this basis the Governance Committee was happy to accept that.

2/22/15

**ANY OTHER BUSINESS**

There were no further items of business.



2/22/16

**DATE OF NEXT MEETING**

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

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**Mr S Pollock  
Chair  
3 March 2022**