

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 3 November 2022, Boardroom, Omagh Hospital and Primary Care Complex

PRESENT Mr S Pollock, Chair
Mr N Guckian, Chief Executive

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

Mrs G McKay, Director of Acute Services
Mrs D Keenan, Interim Executive Director of Nursing/Director of Primary Care and Older People's Services
Dr E Brady, Interim Director Adult Mental Health and Disability
Ms E McCauley, Director of Finance & ICT
Mrs T Molloy, Director of Performance and Service Improvement

IN ATTENDANCE Mr S McCaul, Assistant Director Quality and Safety
Mrs G McAleer, Assistant Director HR
Ms S Mahon, Assistant Director Women and Children's Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chair/Chief Executive

11/22/1

CONFIDENTIAL ITEMS

11/22/2

APOLOGIES

Apologies were received from Dr Lavery, Medical Director, Mrs Hargan, Director of HR & Organisational Development and Mr Cassidy, Interim Executive Director of Social Work/Director of Women and Children's Services.

11/22/3

DECLARATION OF INTERESTS

There were no declarations of interest.

11/22/4

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the November Board meeting. He welcomed Mrs Mahon, Mrs McAleer and Mr McCaul all of whom were representing their Director. He asked the press to raise any questions with Mr Kelly at the end of the meeting.

The Chair referred to a number of issues since the last meeting:-

- The Chair said he was pleased to advise that Mr Cassidy had been appointed to the permanent post of Executive Director of Social Work/Director of Women and Children's Services on 17 October.
- The Chair referred to the Trust's continued shortage of surgeons particularly in the South West Acute Hospital. He expressed his concern on the negative reporting in the press and assured members that the Trust continued to do all it can to advertise and recruit surgeons.
- The Chair referred to a letter from Minister Swann issued on his last day in office to all HSC staff to reiterate that he had been honoured to have served as Health Minister. The Chair said Minister Swann had visited the Trust on many occasions and had a genuine concern for the health service. The Chair expressed his personal appreciation for everything he had done during his tenure as Health Minister.
- On 18 October the Chair attended an event organised by the Order of St John to acknowledge organ donation. He said as Chair of the Trust's Organ Donation Committee, he had attended similar events in the past and these events highlighted the importance of donation. He said he was pleased that a number of families from the Western Trust area were also able to attend.
- On 20 October the Chair said he was interviewed as part of an Internal Audit assignment on Board Effectiveness. The Chair said he highlighted to the Auditor ongoing challenges without a full complement of Non-Executive Directors and he also expressed his profuse appreciation for how the 5 current NEDs had taken on additional responsibilities over this extensive time. The Chair said the Audit report would be available in due course.
- On 27 October the Chair attended along with Prof McKenna an Awards event at Ulster University Magee Campus for medical and nursing students and said he hoped that some of these students would remain in this area and be future employees of the Trust.

11/22/5

MINUTES OF PREVIOUS MEETING – 6 OCTOBER 2022

The minutes of the previous meeting held on 6 October were proposed by Dr McPeake, seconded by Mrs Laird and approved by the Board as a true and accurate record of discussion.

11/22/6

MATTERS ARISING

There were no matters arising.

11/22/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian referred to his report since the last meeting.

- Commencing he referred to general pressures across the Trust. He said as predicted over the Halloween break period there had been pressure on both acute hospital sites but this had been managed well. He said the main challenge was in respect of staffing levels due to reduced availability of flexible staff. He said hospitals had maintained the numbers of patients waiting for beds at reasonable levels in Altnagelvin – approximately 15 patients with 23 in South West Acute Hospital and that these results had required a major focus on flow both internally and externally with good discharge numbers.
- Mr Guckian provided members with an update on the Trust's vaccination programme. He said that at 27 October a total of 3,722 vaccines had been delivered in staff clinics – 1826 for Covid and 1,896 for flu. He added that housebound numbers for both flu and Covid vaccinations - a total of 3,384 vaccines - had been delivered and advised that this programme should be completed shortly with a mop up exercise later in November.

Mr Guckian encouraged all staff to avail of the opportunity to have their vaccines.

Mr Guckian advised that the Homeless community vaccination programme commenced on 3 November and the long stay patients' programme was now completed.

- Mr Guckian referred to Dromore and Trillick GP Practice and said rotas were populated until March 2023. He noted that the Look Back exercise was still in progress and to date from the records that have been reviewed there has been 19 urgent records for review with no adverse event to any patient.

Members were advised that a review of repeat prescriptions is underway and there are additional pharmacy staff assisting with this review and both these areas are incorporated into the Look Back.

- Mr Guckian referred to the extraordinary confidential Trust Board meeting held on 17 October 2022 at which the senior management team outlined to members the fragility of the emergency general surgery rota in South Western Acute Hospital. He said this fragility was as a result of a number of consultant staffing changes which may impact on having insufficient staff to provide a rota.

Mr Guckian said subsequent to the Board meeting, the senior management team briefed staff, MLAs and MPs and the media. On 18 October 2022 the senior team briefed Fermanagh and Omagh Council members at its Health and Social Care Services Sub Committee. Mr Guckian said subsequent to these briefings the Trust had advertised again for general surgeons with a closing date for this recruitment of 18 November 2022.

Mr Guckian said in the meantime it was prudent for the Trust to develop contingency plans to ensure the safety of patients should a change in service be necessary. He noted that such contingency plans involve engagement with a wide range of staff, Southern Trust, Northern Ireland Ambulance Service, private ambulance providers and Sligo General Hospital management. In addition, Mr Guckian said the Trust had invited the Royal College of Obstetricians and Gynaecologists to provide advice on any wider impact. As part of contingency plans, we will consider all options received in feedback from this.

- Mr Guckian said he was pleased to welcome the Permanent Secretary to CTRIC on 18 October for an informal update on research priorities and approaches where he was updated on research into Covid comparisons of patients with severe symptoms to those with mild symptoms and he received feedback on a national trial into changes to endoscopy services.
- Mr Guckian advised members that the HSC NI has launched a procurement framework for Agency nursing and it is envisaged that this process will complete in the New Year. He said the main objective of the framework is to end the use of off-contract agency nursing, which has become widespread in Northern Ireland. Mr Guckian confirmed that this process will also require the service to improve bank and internal and international recruitment processes.

11/22/8

PRESENTATION “TOGETHER AS ONE” - PARENTS FORUM

The Chair invited Ms Mahon to make a presentation to members on the Parents’ Forum “Together as One”. It was noted that the presentation had been made previously to the ITI Committee and had been commended by Mrs Laird to members.

Ms Mahon thanked members for the opportunity to make this presentation. She said the Forum, chaired by herself, began in 2017, formally launched in 2018, and is hosted by staff based in Shantallow Family Centre. She said parents are central to the Forum and that working in true partnership with families has led to better outcomes for all children.

Mrs Mahon said one of the activities to date has been the coproduction and delivery of training for social workers and social care workers in regards to addiction. She said this co-produced training aims to explore theories of addiction, what is normal drinking and hidden harm. She said the training is peppered with guest speakers from addiction support services who share their first hand experiences. Mrs Mahon said this training will be delivered again in relation to children on the autism spectrum.

The Chair referred to the feedback from parents and staff and said this was a true testament to the value of the training.

Mr Hegarty asked how this Forum fits with local involvement groups for parents/guardians with learning disability. Ms Mahon said the Parents’ Forum primarily arose from front line child care services in respect of child protection. Mr Hegarty felt that there is learning for other client groups and Canon Rev McGaffin agreed that the Parents’ Form could be a model for other areas across other services. Mrs Mahon said that when you give parents their place, staff can learn from them.

Mrs Laird said as Chair of the ITI Committee she had heard this presentation previously and commended Ms Mahon for her commitment to the Forum. She said the Forum was a classic project of involvement and how service users can influence policy changes at all levels. She said she hoped it could be replicated across the Trust and into other services.

11/21/9

CODE OF CONDUCT AND CODE OF ACCOUNTABILITY FOR BOARD MEMBERS OF HEALTH AND SOCIAL CARE BODIES

The Chair referred members to a revised Code of Conduct and Code of Accountability for Board members and said the Codes provide the basis on which

HSC bodies should seek to fulfil the duties and responsibilities conferred upon them by the Department of Health.

The Chair said the revised Codes also provided clear direction on the membership of the Trust's Audit and Risk Assurance Committee and Remuneration Committee. He added that in order to meet the requirements of the Codes he was effecting some changes to the membership of these Board Committees. The Chair said he was very conscious that the Trust Board has a reduced complement of Non-Executive Directors and what this means for the existing cohort. He acknowledged that Non-Executive Directors had taken on additional responsibilities to ensure the Board Committees are quorate.

The Chair advised that the Code of Accountability states that a NED cannot be a member of both the Remuneration Committee and Audit Committee. He said in light of this Mrs Laird would no longer be a member of the Trust's Remuneration Committee. He said the Code stipulates membership of the Remuneration Committee should be Chair and 2 NEDs however the Trust's Terms of Reference Committee currently has as members Chair and 3 NEDs. The Chair said he would ask that this change is effected in the Committee's Terms of Reference until such time as the Trust has its full complement of NEDs again. The Chair asked Mrs Hargan to make this change and to bring amended Terms of Reference to the next Remuneration Committee meeting for approval.

In respect of Audit and Risk Assurance Committee, the Chair advised that the Code of Accountability stipulates the Committee's membership should include 3 NEDs. In light of this requirement the Chair advised that Canon Rev McGaffin has agreed to join this Committee. Again, the Chair said this would be reviewed when the Board has its full complement of NEDs.

Following consideration of these proposals, they were proposed by Prof McKenna, seconded by Mr Hegarty and carried by the Board.

11/21/10

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Mr McCaul referred members to the Corporate Risk Register. He said there were currently 21 risks on the register as approved at Trust Board on 6 October 2022.

Mr McCaul shared with members for approval a proposal to change the current risk grading and de-escalation for management at Directorate level in respect of risk ID57. Following consideration this motion was proposed by Canon Rev McGaffin, seconded by Dr McPeake and unanimously approved by members.

Mr McCaul referred members to the summary report which had been updated to reflect the work done last year to include risk appetite. He said this identified the

tolerance of the grading and said some risks would undergo a deep dive or be de-escalated. Mr McCaul confirmed that all risks are up-to-date and all have been reviewed in the last 3 months.

Mr McCaul updated members on the outstanding actions as agreed following the Trust Board workshop in relation to risks ID3, ID1213, ID1216 and ID1316. He said these actions were being progressed through the normal CMT/Trust Board approval process and referred to the updated position within his paper.

Dr McPeake asked if there was a need to capture learnings within the register so that this is evidenced. Mr McCaul said this was done through the Datix system however work has commenced in theming learning in respect of M&M meetings.

Mr Guckian commended Mr McCaul for all the work he has done on the Trust's Corporate Risk Register and appetite grading. The Chair also supported these comments and acknowledged the robust CRR.

11/22/11

QUALITY IMPROVEMENT MONITORING REPORT – NEWS

Mrs Keenan referred members to the quarterly Quality Improvement Report in respect of National Early Warning Scores (NEWS). She referred to the statistical detail in respect of bi-monthly audits across adult inpatient wards across services and the Trust's area.

11/22/12

INFECTION PREVENTION & CONTROL REPORT

Mrs Keenan led members through an update in respect of Infection Prevention and Control.

The Chair noted the numbers trained and said while performance had been good there was nothing to compare it to. Mrs Keenan advised that the outturn was compared to performance in 2019 but said there was some training to be done particularly in relation to microbial stewardship.

Prof McKenna expressed concern with regard to trends in respect of *C. difficile* and asked why there was not similar trends between Altnagelvin and SWAH. Mrs Kennan explained that there were a number of reasons for this which included that as SWAH has more single rooms the spread of infection is easier controlled. She also added that given there are more confused, elderly patients this also posed a challenge in managing the spread of infection. She added however there were elements of self-practice which need addressed. In response to comparison with

other Trusts, Mrs Keenan advised that the Trust did not have regional benchmarking data but this could be requested through regional forums.

Mrs McKay added that the length of time patients spend in ED can also increase spread of infection. She said patients unfortunately cannot be cohorted and this posed a higher risk of transmission. Mrs McKay added that she had just approved the recruitment of a consultant pharmacist for microbial stewardship.

11/22/13

COVID19 NOSOCOMIAL INFECTIONS

Mrs Keenan referred members to an update paper on Covid19 nosocomial infections within the Trust. She asked members to note that the Western Trust had the lowest rates of healthcare associated Covid 19 cases and Covid 19 related deaths in the region for all 3 infection categories. Mrs Keenan said this performance had been for a number of reasons including single rooms, good IPC standards, adoption of clinical pathways at a very early stage, MDT approach to care, management skills and good communication.

Mr Guckian advised that through the adoption of red and green pathways the Trust was able to act quickly. He said he appreciated the Trust was entering into a difficult winter but said the Trust's overall approach is not flawed.

11/22/14

ENVIRONMENTAL CLEANLINESS REPORT

Mrs Keenan referred members to an Environmental Cleanliness Audit Report for the period July – September 2022. It was noted for the period there were no bi-monthly, quarterly or 6 monthly audits area scoring less than 75%. She said in respect of the managerial audits, 4 areas had scored less than 75% and that attention would be paid to these areas.

11/22/15

FINANCIAL PERFORMANCE REPORT FOR MONTH 6

Ms McCauley reported to members the Trust's financial position for the period ended 30 September 2022 and said she was pleased to provide an update which also reflected a much more positive forecast for the Trust in relation to the current financial year. She added that this improved forecast was as a consequence of 2 letters received from SPPG regarding indicative funding allocations for this year as well as the completion of a mid-year financial assessment, both of which enabled her to provide an assessment of the Trust's end of year forecast.

Ms McCauley said the key messages from the letters included funding of £18m for areas including support to address hyper-inflation across non-pay budgets, funding for demand and inescapable pressures and a second contribution of funding towards the Trust deficit. In addition, Covid funding has been confirmed for all but £0.8m and excess energy costs may be centrally managed and therefore the Trust is reporting these as fully funded. Ms McCauley said the letters however reinforce the requirement of the Trust to deliver against its savings targets.

As a consequence of this funding as well as the completion of the Trust's mid-year financial review, Ms McCauley said she was pleased to confirm a reduction to the Trust deficit forecast of £10.3m and said this was in line with the expectation of SPPG. She asked members to note that the Trust's understanding is that the allocations are on business share and all Trusts have received similar assistance and therefore the £5m of a central contribution towards the Trust's recovery plan and £3m of additional income do not factor as part of this settlement. Therefore, in that regard, discussions remain outstanding.

Moving to Trust financial performance targets, Ms McCauley said the Trust expects to deliver against its CRL target in full. She said she was noting amber in relation to Directorate cost containment against prior year levels and red for performance against expenditure on agency and locum staff as well as prompt payment target. Ms McCauley said with regard to prompt payment, year to date the Trust had achieved almost 85% against its 95% target but had experienced a down-turn during September to 77% which is attributed to the impact of the system down-time in August. Ms McCauley said the Trust would endeavour to improve on this position.

Ms McCauley referred to table 3 the Trust's projected deficit for 2022/23. She said she was able to report a reduction in the Trust's forecast pressures of £33m excluding Covid to a forecast deficit of £9.5m for the year which with the Covid funding gap adjusts the total deficit forecast to £10.3m. She said she had provided a more comprehensive briefing to the Finance and Performance Committee in relation to the planning assumptions which had been applied and risk-managed for the remainder of the financial year including the requirement to deliver all savings targets in full.

Moving to table 4 Ms McCauley stated that the Trust was reporting an overspend of £6.9m at 30 September 2022. She said this included the application of funding confirmed to date by SPPG against pressures and towards the deficit. Ms McCauley said table 5 confirmed at Directorate level that in this period the Trust has an upward shift in overspend from 5.6% in month 5 to 5.7% in month 6. She said the true benefit of the outcome of the Trust mid-year review and the SPPG indicative funding is most notable at the reported deficit bottom line where she was reporting a movement from the August variance of 5.1% to 1.5% in September and thus an improved position and more comparable now to our end of year out-turn percentage for the prior year of 1.4%.

Ms McCauley said highlights in relation to expenditure trends indicated marginal changes to pay performance by Directorates in table 6. Table 7 indicated a downturn for the month in independent homes. Table 8 demonstrated a spike in energy costs for the September period however she noted that prices had now dropped again in the October period and the Trust now also benefited from the energy bill relief scheme. Ms McCauley referred to table 9 total flexible payroll expenditure and said it showed a further growth in medical and agency nursing utilisation for the period with a marginal reduction in bank usage.

In summarising her report Ms McCauley highlighted the key messages for the reporting period. She said the Trust was reporting a deficit of £6.9m for the period against a forecast deficit of £10.3m and said while this was a positive improvement on the previously reported position it was not without its challenges which have the potential to be compounded as we move into what we normally expect to be very difficult winter months for our services. She said Director and their senior teams will be focused on the key planning assumptions outlined which contribute to the Trust revised forecast and performance monitoring will be taken forward across the key areas outlined to support achievement against this plan.

Ms McCauley concluded by advising that SPPG has indicated the requirement for further discussion with the Trust which we welcome as an opportunity to engage further in relation to the expectation of the Trust for the remainder of this year as well as progress further discussions in relation to the SPPG outstanding contribution towards trust recovery.

The Chair referred to flexible payroll expenditure and asked why there was a spike in nursing expenditure in September. It was noted that 131 new registrants will be joining the Trust with 87 having either started or been offered posts. The outstanding 44 are going through Occupational Health checks and that it would be December/January before this would be effected on budgets.

Canon Rev McGaffin asked why new registrants were only joining the Trust now when they qualified at the end of August. Mrs McKay clarified that the students leave University in August but only get their registration pins in October. She said posts were offered in August. Mrs McAleer said this year there were more people than posts however there were delays with Regional Shared Services. She assured members that a member of HR was looking at this.

Mr Guckian said if the Trust were to receive the income outstanding, it would show that the Trust's recovery plan is achievable. He said the Trust's deficit would be at the lowest level. He said the Trust had lost funding through savings and assured members that the current deficit was not as a result to failing to managing finances but was associated with income.

11/22/16

PERFORMANCE MANAGEMENT REPORT FOR QUARTER 2 2022/23

Mrs Molloy said Trust Board would recall that SPPG and DoH had introduced reporting against Service Delivery Plan targets from July 2022 and said the report within papers provided the first quarter position. She reminded members that at this time, SPPG is using a mix of targets for all Trusts in that for some areas such as Outpatients, Imaging, Day Care and AHP services Trusts are already expected to be at 100% - fully recovered to deliver the same level of activity as they did pre-pandemic. In other service areas such as Inpatients, Day Case, Endoscopy, Mental Health and District Nursing there is a recognition that a trajectory of improvement is required. Mrs Molloy explained that there are also some targets with a coding process which means that validation is required and for that reason the performance against the 31 and 62 day cancer targets and endoscopy requires validation, and that is refreshed in later reports. Mrs Molloy said there is complexity in reporting which will level out as we come to the end of the year when almost all services will be expected to be fully back at pre-pandemic levels as a minimum.

Mrs Molloy said today's report provides members with a graphical representation of each month target and actual delivery along with a short narrative on where each service sits against the SDP target, and against full pre-pandemic recovery. She said the focus at the performance and accountability meetings with SPPG is solely on the Trust's achievement against the service delivery plan, however her report also continued to provide information to Trust Board on the number of people waiting to access services, against the Ministerial access targets for these services. Mrs Molloy added that the position against all services is "RAG" rated by SPPG and the report on page 2 gives the categorisation. Mrs Molloy said any service which is more than 5% below target is RAG rated as red.

Mrs Molloy referred to page 2 which provides the high level overall RAG assessment. She said this assessed the Trust as having 13 service areas which are at or above target, 3 areas which are less than 5% below target, and 14 areas which are assessed as red, however 3 of these still require validation and are expected to improve. She said the detailed position for each service was included at Appendix 1 for completeness. Mrs Molloy said this was a very challenging position for the Trust and receiving very significant attention from Service Directors, and at internal performance and accountability meetings.

Mrs Molloy brought to members' attention a number of services which were meeting or exceeding the SDP. She said the Trust's access to 14 day and 31 day cancer pathways remained excellent with 14 day access being 94% in September, and so far in October 99%. She noted that 31 day access has remained steady at 99% since the start of this year.

Mrs Molloy referred to children's services and said initial family assessments and initial child protection case conferences continued to significantly exceed target and

were meeting significant demand for services in these areas. She said the Western Trust is the only Trust achieving this position.

Mrs Molloy advised that the Trust's total outpatient contacts across mental Health services is strong, and well above target, delivering almost 1,500 appointments per month more than activity levels pre-pandemic. In relation to imaging services Mrs Molloy advised the Trust is performing above pre-pandemic levels consistently, and the Trust is back at pre-pandemic levels in its AHP services, and is above target in the delivery of day cases and domiciliary care.

Mrs Molloy advised that there are 3 areas which are falling well below SDP targets which CMT is focussing on. She said the first of these is inpatient treatment and said the Trust continues to fall well below the expected target of 80% of pre-pandemic activity. In September the Trust was delivering 65% performance. Mrs Molloy said re-establishing and protecting beds for elective patients, and reinstating theatres lists was a specific area of focus for the Director of Acute Services and her team and for the Director of Woman and Children's Services in respect of gynaecological services. Mrs Molloy said a realistic trajectory to year end was being finalised for discussion with SPPG and added that this also affects the 62 day cancer pathways delivery.

Mrs Molloy said the second area was in relation to Adult Day Care attendances and said in September attendances remained well below target. She said attendances should be fully back at the pre-pandemic levels however across all services performance was 87%. Members were advised that day care attendances were fully recovered for AMH clients, but all other areas were below target, although the service had increased attendances by over 2000 between August and September. Mrs Molloy said there is particular focus on Learning Disability day centres with 5 centres testing full reinstatement of all clients wishing to return. She added that this service is carefully assessing the impact of changing client and family choice and its impact on our ability to achieve target fully.

Mrs Molloy said the third area is unscheduled care and said significant work was ongoing in the Trust and regionally in this area. She said the 2 areas of focus for improvement are length of stay and discharge particularly at the weekends. Mrs Molloy said the Trust has a range of work to support improvement and regionally the No More Silos programme is focussing on Phone First, rapid assessment and ambulatory pathways, streaming patients to appropriate investigation and assessment quickly.

Mrs Molloy said she was conscious that there remained a great deal of information in the report which had not been covered but assured the Board that each area of the report had been stepped through with the Finance and Performance Committee this week where there was an opportunity for challenge and further scrutiny.

Mrs Molloy said looking forward, the quarter 3 report would be provided to February Trust Board, and said members could expect to see CAMHS brought in as a new area for monitoring in quarter 3, and some other adjustments may be introduced for unscheduled care.

Mr Hegarty endorsed Mrs Molloy's report and assured members that the Finance and Performance Committee had gone through the full detail of the report in depth.

Dr McPeake commended the quality of the report and the level of detail. As time moves on he asked could an arrow be added to the narrative to indicate trends and Mrs Molloy said she was happy to reflect this going forward.

Prof McKenna referred to dementia services and associated workforce and said it appeared that other Trusts are performing better than the Western Trust. He said one of the reasons for this is that they employ dementia specialist nurses and asked if the Western Trust employs them also. Mrs Molloy clarified that the Belfast Trust has significantly more consultants than the Western Trust and this is one of the issues that has been escalated with the SPPG and also at a recent ground clearing meeting. Mrs Molloy said there needs to be a different approach to workforce. Mrs Keenan confirmed that the Trust has dementia nurses but the difficulty for the Trust is that the Trust has consultant workforce gaps.

11/22/17

TEMPORARY INCREASE IN CAPITAL DELEGATION – AUGUST 2022

Ms McCauley referred members to a letter from the Department of Health advising that it is temporarily increasing the Trust's capital delegation limit for hospital schemes and general capital projects from £1.5m and £2m. She said these changes take place with immediate effect and will be reviewed again at the end of the financial year. Ms McCauley said this was reflected in the Trust's Scheme of Delegation.

11/22/18

STANDING ORDERS & SCHEME OF DELEGATION

Ms McCauley referred members to revised Standing Orders and Scheme of Delegation. She highlighted changes made to both documents.

Following consideration the amended documents were proposed by Canon Rev McGaffin, seconded by Dr McPeake and unanimously approved by members.

11/22/19

TRUST ANNUAL QUALITY REPORT 2021/22

Mr McCaul referred members to the Trust's Annual Quality Report 2021/22. He said the report was compiled using a regional minimum dataset and format to ensure consistency across the region and reflected a range of quality improvement work undertaken throughout the year as well as the challenges faced including the COVID-19 pandemic and learning gained.

Mr McCaul said the report also outlined the work plan for 2022/23 whereby we will focus on quality in the Trust using improvement science to move forward with our key priorities of Transformation, Financial Recovery, Quality and Safety of Care, Pathfinder project, development of a single organisational approach to involvement and the rebuild of services following the Covid19 pandemic.

Members were advised that the report was approved by CMT on 13 September and Governance Committee on 5 October 2022, and following today will be published on the Trust's website week commencing 7 November 2022 to coincide with World Quality Day on 10 November 2022.

11/22/20

TRUST BOARD DATES – 2023

Members noted Trust Board dates for 2023.

11/22/21

SUB COMMITTEE REPORTS

1. Audit and Risk Assurance Committee

1.1 Minutes of meeting held on 13 June 2022

Members noted the minutes of an Audit and Risk Assurance Committee meeting held on 13 June 2022.

1.2 Verbal update from meeting held on 10 October 2022

Mr Hegarty provided members with an update on discussion at Committee on 10 October. He said it was very positive meeting.

2. Endowment & Gifts Committee

2.1 Minutes of meeting held on 13 June

Members noted the minutes of the Endowment and Gifts Committee held on 13 June 2022.

2.2 Verbal update from meeting held on 6 September 2022

Canon Rev McGaffin referred to the Committee meeting held on 6 September and advised that most of the issues were ongoing in respect of expenditure, fund balances and Directorate spending targets. She advised that 6 proposals had been approved at this meeting. Canon Rev McGaffin advised that the Harlequin system had migrated with no issues. It was noted that the Cardiac Superfund is due to go live on 1 April 2023 and the £3m staff support spend is being progressed and undergoing assessment.

3. Finance & Performance Committee

3.1 Minutes of meeting held on 30 August 2022

The minutes of the Finance and Performance Committee meeting held on 30 August were noted. Mr Hegarty said significant attention had been paid to AHP services, sickness and hospital cancelled appointments.

3.2 Verbal update from meeting held on 1 November 2022

Mr Hegarty shared an update from the meeting held on 1 November 2022. He said significant discussion took place on the quarter 2 performance management report which Mrs Molloy has already briefed members on.

4. Governance Committee

4.1 Minutes of meeting held on 29 June 2022

Dr McPeake referred to the minutes of the Governance Committee meeting held on 29 June. He said he had provided members with a briefing at a previous meeting.

4.2 Meeting held on 5 October 2022

Dr McPeake referred to the meeting held on 5 October. He said discussion took place on risk ID1133 and noted the progress being made in addressing the concerns. He said that the risk may be reviewed in respect of level of risk at some stage.

Dr McPeake referred to risk ID1307 and said robust discussion took place and there was a general feeling while a lot of factors are outside the Trust's control, there are some things that can be improved. He said a very helpful discussion took place at Governance Committee and said it demonstrated the value of deep dives.

Dr McPeake said Governance Committee noted Sub-Committee reports and approved 4 Annual Reports.

Mrs Laird referred to the issue of Committee briefing to Board and said she would like to join this debate. Dr McPeake said he was happy to include Mrs Laird.

11/22/22

ANY OTHER BUSINESS

As there were no further items of business, the Chair closed the meeting.

The Chair thanked those members of the press in attendance and urged people to continue to be sensible and safe. He commended the Trust's arrangements for vaccinations and encouraged all staff to avail of the opportunity to receive both flu and Covid vaccinations.

11/22/23

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 5 January 2023.

**Mr S Pollock
Chair
5 January 2023**