

Minutes of meeting of the Western Health & Social Care Trust Board held on Thursday, 5 January 2023 in Lecture Theatre, Trust Headquarters

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

Dr B Lavery, Medical Director
Mr M Gillespie, Acting 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 McLaughlin, Assistant Director Women and Children's Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chair/Chief Executive
Mrs L Hunter, Assistant Director, Ms D McSparron, Reform & Modernisation Quality Improvement Lead, Ms C Quinn, Team Manager APTS (Omagh/Fermanagh) and Mr B Toner, Service User Consultant (Agenda item 1/23/8 only)

1/23/1

CONFIDENTIAL ITEMS

1/23/2

APOLOGIES

Apologies were received from Mr Cassidy, Director of Women and Children's Services.

1/23/3

DECLARATION OF INTERESTS

There were no declarations of interest.

1/23/4

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the January Board meeting. He particularly welcomed the press and asked that any queries are shared with Mr Kelly after the meeting.

The Chair acknowledged the pressures in Trust hospitals and facilities and on staff and said he wanted to reaffirm the Board's continued support of staff through this incredibly challenging time.

The Chair advised that on 7 December along with CX they met the Permanent Secretary for a mid-year accountability meeting. He said this had been a very constructive and useful discussion on a wide range of issues.

On 8 December the Chair advised that he received on behalf of the Trust an Exceptional Partnership Award from NHS Blood and Transplant. He said the Trust's Organ Donation Committee was one of the most important Committees he had served on in his time as Chair and said he was proud of the commitment which the Western Trust has made to this crucial life and death service. He added that for a family to agree to organ donation at a time when they are losing a loved one was a very selfless act, and for another family to have someone they love helped with an organ donation was profoundly significant.

During December the Chair said he was delighted to visit service areas for the first time since the outbreak of Covid. On 14 December he visited Spruce House and Lakeview which gave him the opportunity to meet staff and patients. The Chair said that over the next 4 months he would have the opportunity to visit all Directorates and a range of facilities meeting staff and patients and he looked forward to this immensely.

1/23/5

MINUTES OF PREVIOUS MEETING – 3 NOVEMBER 2022

The minutes of the meeting held on 3 November 2022 having been previously distributed, were proposed by Prof McKenna, seconded by Canon Rev McGaffin and approved by members as a true and accurate record of discussion.

1/23/6

MATTERS ARISING

There were no matters arising.

1/23/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian referred to his report of business.

- On behalf of Trust Board and all staff Mr Guckian congratulated the Chair on being awarded a CBE in the New Year's Honours. He said the Chair had led the Trust through some very difficult times, particularly the Covid19 pandemic and the many challenges that ensued in that period. He said the Chair had also steered the Trust to implement a very significant financial recovery plan. Mr Guckian said the Chair's background as a Social Worker had ensured strong professionalism and value-driven leadership throughout and the honour was richly deserved.

Mr Guckian also congratulated Mrs Pratt for being awarded an MBE for services to education. He said Mrs Pratt was a valued member of nursing staff at Altnagelvin Hospital.

- Mr Guckian advised that over the last number of weeks, many of the Trust's services had experienced unprecedented activity pressure. In acute hospitals, the Full Capacity Protocol had been implemented with the main outworking being that additional patients were moved to inpatient wards from ED. He said despite this both hospitals continued to experience high number of patients awaiting a bed but assured members that staff continued to work to reduce this.

Mr Guckian said he wanted to pay tribute to so many staff who provided care to patients and clients over the Christmas period.

- Following consideration and approval at today's meeting, Mr Guckian said it is the Trust's intention from week commencing 16 January to enter into a period of consultation on the temporary changes to Emergency General Surgery in the South West Acute Hospital. He said the consultation would include a series of public meetings across the SWAH geography.
- Mr Guckian advised that the Trust received notices of industrial action from RCN, UNISON, NIPSA and GMB trade unions in December and said this led to industrial action in the form of strike action and action short of strike being taken by members of these unions during December. Mr Guckian said this action had caused significant disruption to services and a wide range of patients and service

users had appointments, procedures or services cancelled. Mr Guckian noted that trades unions worked collaboratively and flexibly with the Trust to ensure that life preserving services were maintained and that patient and staff safety had been protected. Mr Guckian apologised to all those patients and clients who were affected as a result of this action. Mr Guckian concluded that at this stage the Trust had not received any further notifications of industrial action, however it was understood that notices of action may be received from some trade unions for dates later in January.

1/23/8

IMPROVEMENT STORY – ADULT MENTAL HEALTH AND DISABILITY - “ADULT PSYCHOLOGICAL THERAPIES SERVICE QUALITY IMPROVEMENT PROJECT”

The Chair welcomed Mrs Louise Hunter, Assistant Director, Ms Deborah McSparron, Reform & Modernisation Quality Improvement Lead, Ms Carol Quinn, Team Manager APTS (Omagh/Fermanagh) and Mr Brian Toner, Service User Consultant to the meeting to present the above quality improvement project.

Mrs Hunter thanked members for the opportunity to share an improvement story within the Adult Psychological Therapy Service through co-production. Members were advised that the project aim was by October 2022 to reduce the number of clients on APTS waiting list by 10% through improved collaborative working and effective communication, reviewing processes and practices.

The team outlined the challenges to achieving this aim and how improvements had been made and the outcomes realised. Members were advised that on average the number of referrals received on a monthly basis had been reduced by 18% and since the introduction of the new system there had been a 65% reduction in patients waiting for Cognitive Behavioural Therapy and a 35% reduction in the number of patients waiting for psychology.

The team shared what had went well with the project and what had been the challenges and how these had been overcome. The presentation included service user feedback and a video of a service user was attempted to be played. Due to technical difficulties this was not possible and Ms McSparron agreed to forward the video after their presentation. Concluding the presentation key learning from the project and next steps were outlined.

The Chair thanked the team for their informative presentation.

Mr Guckian commended the team on the quality of their project. He said there were 2 areas that he particularly welcomed - staff engagement and learning for the whole Trust and user involvement which made the outcomes real.

Mrs Laird said the Improvement through Involvement Committee had already received the presentation and she commended the team for their hard work. She said by matching service users to where their experience is had resulted in transforming services.

1/23/9

PROPOSALS FOR PUBLIC CONSULTATION ON THE TEMPORARY CHANGE TO EMERGENCY GENERAL SURGERY AT SOUTH WEST ACUTE HOSPITAL –

Mrs Molloy shared with members a proposal for public consultation on the temporary change to emergency general surgery at South West Acute Hospital. She said the paper outlined the recommended approach to the public consultation based on the decision made by Trust Board on 17 November to suspend emergency general surgery on a temporary basis at SWAH.

Mrs Molloy advised that the consultation will focus on the statutory requirement to consult on the temporary withdrawal of emergency general surgery at SWAH and it is proposed to last for 12 weeks. She said in order to allow adequate time for groups to consult amongst themselves as part of the process of forming a view, the Trust will proceed to undertake a public consultation, utilising a hybrid model of face to face and virtual or digital means to seek views from the public and key stakeholders.

Mrs Molloy said there were important developments which were new, and should now be considered within the framework of the consultation approach, and in the consultation document. She said the DoH has provided a letter of policy intent to the Trust that SWAH will be the third Overnight Elective Centre for Northern Ireland, and it would be proper to assess the import of this within the consultation as a related matter. It was noted that the Trust had (in early pre-engagements) been asked about what conditions were required for restoration of the EGS service, and this was a further relevant matter to include.

Mrs Molloy confirmed that the Trust had met the Patient and Client Council and will access the established networks in respect of engagement. She added the Trust will ensure all consultees have access to the consultation document as well as an easy to read version.

Mrs Molloy advised that the consultation document is in final draft stages and will be shared with Trust Board in due course. She added that the formal consultation launch is proposed to be during week commencing 16 January with the consultation outcomes being reported to Trust Board at its June or June 2023 meeting.

Mrs Molloy took members through the detail of the draft consultation report and sought members' approval to commence a public consultation on a temporary change to the model of Emergency General Surgery across the Western Trust,

suspending access to emergency general surgery at SWAH, in line with the approach described in the briefing.

Following consideration the motion was proposed by Mr Hegarty, seconded by Prof McKenna and carried unanimously by the Board.

1/23/10

**EMERGENCY GENERAL SURGERY AT SOUTH WEST ACUTE HOSPITAL –
UPDATE ON OPERATION OF PATIENT PATHWAYS**

Mr Gillespie advised that following the decision at November Trust Board to temporarily cease emergency general surgery at South West Acute Hospital, he assembled a consultation team which consisted of a range of stakeholders and service users to develop pathways to ensure patient safety was being managed and patient experience was satisfactory.

He said from 5 December through to 18 December the Trust tested these pathways and during this period there were no changes to the pathways with the pathways going live on 18 December. Mr Gillespie assured members that there were no issues of clinical concern and said as part of a daily safety huddle the Trust continued to monitor and engage with all key contributors as the Trust works through this process.

Mr Guckian asked if the number of patients transferring from SWAH was as expected. Mr Gillespie advised that 72 patients had transferred from 5 December which equated to 2.1 transfers per day. He said planning assumptions indicated between 4.8 and 5.4 patient transfers. Mr Gillespie said this decrease could be due to setting up of the ambulatory care unit in SWAH from 12 December. Mr Gillespie said he would share a fuller data set at the next Board meeting.

Mr Hegarty asked in respect of risk assessment, what were the maximum numbers the pathways could cope with. Mr Gillespie advised that as part of the pre-planning process, the general surgery pathway had been reviewed and ways to treat patients differently in respect of diagnostics had been implemented. Mr Gillespie said there had been efficiency achieved and he would monitor this weekly along with capacity given service pressures. Mr Gillespie assured members that early indications were that the pathways were working successfully and surgical ambulatory care in SWAH was also working well.

1/23/11

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK –

Dr Lavery referred members to the Corporate Risk Register and Assurance Framework. He said there were 20 risks on the CRR as approved at Trust Board on 3 November.

Dr Lavery shared a proposal to downgrade risk ID3 from high to medium. Following consideration this proposal was approved.

Dr Lavery advised that there were no new risks proposed and no outstanding issues. He said all risks had been reviewed in the last quarter and there were no risks with actions outstanding at the time of reporting.

1/23/12

FINANCIAL PERFORMANCE REPORT FOR MONTH 8 FOR 30 NOVEMBER

Ms McCauley referred members to financial performance report for month 8.

Ms McCauley gave members an update on the financial context for 22/23. She said the Secretary of State in his statement of 24 November 2022 acknowledged that in the absence of an Executive budget for 2022/23, Departments did not have clear totals against which to manage their finances and that Ministers had left Northern Ireland finances with a deficit of £660m. The Secretary of State had therefore taken the decision to set the Northern Ireland Budget.

Ms McCauley said specifically for Health, the budget provided is £7.28bn, an increase of £786m compared to 2021/22 excluding the one-off Covid19 funding. For capital, the budget provides sufficient funding to meet Departmental capital commitments that can progress in the absence of an Executive. The statement also noted that in the absence of an Executive, the Government's priorities will be to deliver a fair outcome for Northern Ireland but to put the finances on a sustainable long-term footing. Ms McCauley said this would include the consideration of wide-ranging options for revenue-raising and review of all spending so that the 2023/24 budget is balanced from the outset of the year.

Ms McCauley said she understood that for 2022/23, DoH had received an allocation of £415m against its deficit of £450m, and to achieve a balanced position Trusts have been levied an additional savings target of £6m which was outlined to the Trust by SPPG in a letter dated 25 November 2022, the Trust share of which is £0.622m. Whilst it is accepted this will be challenging, Ms McCauley said given the wider financial position the Trust must deliver its share. Ms McCauley also advised that SPPG has also confirmed further non recurrent indicative allocations of £3.6m to support the Trust's opening deficit to include funding for growth in community service provision and 2% inflation on SWAH PFI. She said this additional income, together

with the additional savings target noted above, had resulted in a reduced forecast deficit from £10.3m to £6.0m.

Ms McCauley said of the £3.6m in-year funding, £2.2m would be provided recurrently as a contribution towards the £5m recovery plan gap relating to local issues. She said this indicated significant progress in relation to negotiations with SPPG but discussions remained ongoing in relation to the balance.

Moving to the financial performance report, Ms McCauley referred to the financial performance targets. She said the Trust had received a total capital allocation of £36.89m from the DoH and capital expenditure to end of October had been £11.9m. In respect of Directorate cost containment, she said Directorates overspend at 30 November had been 5.8% which was an increase of 0.6% on the 21/22 overspend. Ms McCauley said reasons for this increase mainly related to usage of expensive nursing agency.

Ms McCauley advised that the Trust has spent £40.6m to 30 November on agency and locum staff and added that the average expenditure on agency and locum staff for 22/23 had increased by 20.7% on the average spend last year. She added that the average expenditure for flexible staffing had increased by 16.5% on the average spend last year.

Ms McCauley advised members that the Trust had paid 83.38% of its undisputed invoices with suppliers within 30 days at 30 November 2022. In November she said 80.27% of undisputed invoices with suppliers had been paid within 30 days. She added that in November, 1.7% of invoices were disputed and 76% were subsequently paid within 30 days.

Ms McCauley referred members to table 3, projected deficit 22/23. She said the deficit position was dependent on delivery of planning assumptions. She said an agency savings target of £2.4m will have to be delivered in full.

Ms McCauley referred to table 5, summary financial performance by Directorate. She said Directorates were reporting an increased overspend of 5.8%. She said the bottom line position for the Trust was overspend of 1.2% against the budget which had reduced from October.

Moving to pay expenditure, table 6, Ms McCauley said there were subtle changes this month and she was seeing effective management in place. She said the 5 Directorates reported accounted for 96% of the Trust's total pay, with Acute Services and Primary Care and Older People accounting for 61% of the monthly payroll.

Continuing on non pay expenditure external and internal, tables 7 and 8, Ms McCauley said the graphs illustrated trends in expenditure across the Trust. She said 3 areas accounted for 46% of the monthly external non-pay expenditure and in

relation to internal non pay, the 5 areas reported accounted for 27% of the Trust's non pay expenditure.

Ms McCauley referred to table 9, total flexible staffing expenditure, and said the graph illustrated trends in flexible payroll expenditure on agency, bank and overtime usage across the Trust. She said the total expenditure in 2022/23 to the end of November was £55.4m with expenditure on Acute Services being £24.8m.

Ms McCauley concluded her report by recapping on key messages.

The Chair thanked Ms McCauley for her report and acknowledged the challenges going forward.

Dr McPeake referred to Directorate expenditure, and asked why expenditure in acute was so much higher than other Directorates and could more be done to support this Directorate. Mr Guckian said expenditure within Acute Services related specifically to more patients presenting in ED and said currently we have 2 wards in ED which are un-commissioned. He also said that any service that needs staffed 24/7 struggles to provide staffing from within its existing workforce and therefore has to rely on other staff. He said the Acute Services Directorate has the most number of intense 24/7 services. Ms McCauley also explained that another factor in relation to high agency usage was the complexity of the patients coming into ED. She said this created a ripple effect right across the hospital system as these patients impact on many more services.

Dr McPeake asked did hospital flow impact on this and while discharge is challenged and was this part of the pressure and what can families do to assist discharge. Mr Guckian said the delay to admit from ED was primarily due to discharge as the hospitals are unable to discharge patients as quickly as it wants for a number of reasons. He said also some patients are having an increased length of stay because they have more complex healthcare needs. Dr McPeake asked that members have a fresh look at the relative scale of these issues and asked that it is brought back into workshop mode for further discussion.

Prof Mc Kenna thanked Ms McCauley for her well-structured report. He noted spend for medical and nursing and said that 40,000 nurses have left the health service in 2022 and that this is likely to continue into 2023. Along with this he said many medical students are leaving the UK. He referred to recent strike action, and asked if the Trust could replace a member of staff on strike. Mrs Hargan confirmed that it is illegal for the Trust to replace striking workers with agency. She added that in terms of agency usage, the DoH is supporting Trusts and reminded members that Mr Guckian is chairing a regional group to reduce the use of agency in Northern Ireland. She said the Trust's utilisation of agency had decreased and work has shown that there is a small number of wards making high use of agency. She said this usage was being tracked so that plans can be developed to respond to it. Mrs Hargan continued that there was significant work being done through the Trust's nurse

stabilisation group to support wards and a wide range of workstreams have been developed to support system change on the ground as well as regional initiatives.

Mr Guckian said he believed that 90% of wards do not use agency. Secondly, he said the cost of locum junior doctors has increased significantly in the past 12 months and this had encouraged the Trust to enter into discussion with NIMDTA. Dr Lavery advised that less than 20% of doctors who complete the F2 programme go on to training posts. He said this was a very significant issue for the health service.

Discussion took place regarding a report developed by the Assistant Director for Nursing (Workforce and Modernisation) on agency spend. Prof McKenna asked to have sight of this report.

Mr Hegarty said he was interested in the detail behind the fact that agency is concentrated in 10% of wards and departments and asked for more detail on this. Mrs Laird supported this request and said she would like to better understand why patients are presenting as more complex over the past number of years. Dr Lavery said the reason was that people are living longer and are presenting with more co-morbidities and an increase in patients coming from residential/nursing homes.

The Chair referred to a rumour that some nurses are going part time and using their spare time to work for agency. Mrs Hargan said this was fact and said the Trust had a range of staff resigning completely and moving to agency as this gives them greater work flexibility. In addition, Mrs Hargan said some staff have reduced their hours for the Trust and also work for agency. Mrs Hargan said the Trust had some very challenging wards and this pressure has been sustained for 3 years and we have found that some staff are taking control of their work lives. Mrs Hargan said as the Trust works to reduce its use of agency staff, the Trust is working with staff who are looking for increased flexibility so that they remain in Trust employment.

Prof McKenna asked about pension rights for those staff who leave the employment of the Trust to work for agency. Ms Hargan said superannuation contributions stop and those individuals need to make their own pension decisions.

Canon Rev McGaffin asked if the Trust knew how many nurses have left the system over the past 5 years and over the last year. Mrs Hargan said she did not have this information however top service areas have been ED. She assured members that this is receiving much attention.

1/23/13

DELEGATED CAPITAL LIMITS - TRUST BOARD

Ms McCauley advised that in recent weeks colleagues across the HSC have expressed concerns around price increases causing capital expenditure decisions that were originally deemed to be below the delegated limit to subsequently exceed

the £1.5m threshold. She said all Trusts are keenly aware of the impact the Covid pandemic has had on the global economy which has more recently been exacerbated by other world and local events.

In recognition of this, Ms McCauley said the DoH had temporarily increased the Trust's capital delegated limit for hospital schemes and general capital projects from £1.5m to £2M with effect from 26 August 2022 as per letter from the Director of Infrastructure Investment. In addition, Ms McCauley advised that the CMT has approved a temporary increase to BCRG delegated limit from £0.5m to £0.75m with effect from 27 September 2022.

Ms McCauley sought member's approval for an increase to capital delegation limits for CMT from £1m to £1.3m.

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

1/23/14

BANK MANDATE UPDATE RECOMMENDATION

Ms McCauley shared with members for approval to have the following Trust members of staff authorised as cheque signatories on the Trust bank mandate following recent appointments:

- Mrs H Browne, Assistant Director of Financial Accounting (appointed permanently 5 December 2022);
- Ms L Doherty, Band 7, Capital Costing and Efficiency (appointed permanently 20 December 2022);
- Mr K O'Hagan, Head of Financial Services (commencing post 3 January 2022)

Following consideration, the motion was proposed by Mrs Laird, seconded by Dr McPeake carried unanimously by the Board.

1/23/15

PERFORMANCE MANAGEMENT – EXCEPTION REPORT

Mrs Molloy shared with members an exception report and said a full report would come to the February Trust Board meeting covering the quarter to end December 2022.

Commencing with acute services, Mrs Molloy said that main messages were that the Trust was now seeing improvement in outpatient performance which had been -8% in October (red) which had moved to +3% (Green) in November 2022 overall. She

said the Trust had also improved its inpatient performance significantly, from -31% to -12%, and over 500 elective inpatients were treated in November.

Mrs Molloy added that daycases continued to exceed target at +13% and the Trust delivered 2,283 daycase procedures in November. Endoscopy moved from -7% to +21%, seeing 931 patients in November.

Members were advised that the Trust had continued to perform very well against the 14 and 31 day cancer targets, and similar challenges persisted in the 62 day cancer pathway. It was noted that the Trust expected this to be an area of focus for SPPG and a performance meeting has been scheduled for early January on cancer specifically.

Mrs Molloy said unscheduled care remained an area of great concern across the system, and this was reflected in the Trust's performance.

Moving to community services, Mrs Molloy said there were 2 areas where the Trust had significant concern but which had made real improvements in November.

She said restoring Day Care activity fully had been a challenge, with IPC controls and changes in client or family preferences. Mrs Molloy said she was pleased to report that this service improved from -14% in October to -2% in November and the Trust was now very close to being fully at pre-pandemic activity levels with 11,112 client attendances at our day centres delivered in November.

Mrs Molloy advised that dementia services overall also performed well in November, moving from -5% to +18% and seeing 511 people in November. She said there was still work to do in recovery of our new outpatient activity, but in overall terms good progress had been made.

Continuing on the Trust's CAMHS position, Mrs Molloy advised that this service had fallen back going from +7% to -19% in November, however this was primarily due to a change in the baseline used, which moved from 2019/20, to 2021/22. The new baseline activity included WLI, and that had not been funded in 22/23. However, Mrs Molloy said activity levels were stable, broadly in line with October 22, and the service saw 873 children in November.

Concluding her report Mrs Molloy advised that the report to PTEB on the Red/Amber/Green ratings for each Trust for November 22 had not yet been published however the overall RAG assessment of the Trust will show a reduction in "red" rated areas (>5% below target) from 14 service areas to 9 service areas, reflecting the good performance highlighted. Mrs Molloy commended all staff who worked closely with PSI in this robust process. In general terms, Mrs Molloy said the Trust was seeing a positive trajectory in activity levels in November, however said the Board needed to be conscious that the industrial action during December would have an impact on the December position and on the quarter's performance overall.

1/23/16

SUB COMMITTEE REPORTS

Improvement Through Involvement Committee - Minutes of meeting held on 14 September 2022

Mrs Laird referred members to the minutes of the Improvement through Involvement Committee held on 14 September 2022. She noted that the December meeting did not proceed due to the pending industrial action.

Mrs Laird highlighted a number of issues to members which included the Committee's work plan. She said the dashboard statistics was continuing to develop and said this was very encouraging and although it was a new system, staff were responding to it. Mrs Laird said while the Committee is capturing involvement it also wants to capture outcomes going forward also.

Mrs Laird said she would like to consider the patient experience with regard to the temporary change of general surgery in SWAH and said she would liaise directly with Prof McKenna and the Chair in this regard.

Mrs Laird said the next formal Committee meeting will be in March.

1/23/17

ANY OTHER BUSINESS

There were no further items of business.

1/23/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 2 February at 11 am in Omagh Hospital and Primary Care Complex.

**Mr S Pollock CBE
Chair
2 February 2023**