

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 7 November 2024 at 10 am in the Old School Canteen, Tyrone and Fermanagh Hospital, Omagh and Teams

PRESENT

Dr T Frawley CBE, Chair
Mr N Guckian OBE, Chief Executive

Dr A McGinley, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Professor H McKenna CBE, Non-Executive Director
Mrs R Laird CBE, Non-Executive Director
Dr J McPeake, Non-Executive Director
Mr B Telford, Non-Executive Director
Rev Canon McGaffin, Non-Executive Director

Dr B Lavery, Medical Director
Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Specialties
Mrs D Keenan, Executive Director of Nursing, Midwifery and AHPs
Mr M Gillespie, Director of Surgery, Paediatrics and Women's Health
Dr M O'Neill, Interim Director of Community and Older People
Ms K O'Brien, Director of Adult Mental Health and Disability
Dr T Cassidy, Executive Director of social work/Director of Children and Families
Ms E McCauley, Director of Finance, Contracts and Capital Development
Mrs T Molloy, Director of Performance, Planning and Corporate Services
Mrs K Hargan, Director of Human Resources and Organisational Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive
Dr McShane and Sr Corcoran, Respiratory (agenda item 10/24/8 only)

10/24/1

CONFIDENTIAL ITEMS

10/24/2

APOLOGIES

There were no apologies received.

10/24/3

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

10/24/4

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the November Board meeting in the Tyrone and Fermanagh Hospital, Omagh. He said he had very fond memories of the T&F and of Mr Jimmy Henderson, former District Administrator, who had devoted the greater part of his working life to developing health and social care for the communities of Omagh and Fermanagh. A life of service that was acknowledged by the staff on the occasion of his retirement which was hosted in the very room we are sitting in for today's meeting.

- The Chair reminded members of his letter to the Principals of the Special Needs Schools across the Trust's area inviting them to consider providing some artwork that could be displayed in Trust Headquarters.

He said his letter had received a very positive response and on 16 September he was very pleased to welcome Mr Adrian Newton, Teacher and Ms Marita Cullen, Classroom Assistant, to present the artwork created by Ardnanshee School and College, accompanied by some of the children who were involved in creating it – Travis, Faye, Matthew and Logan.

The Chair said the Trust will also receive artwork from Rossmar Special School in Limavady on 11 November and Mrs Molloy had already received the artwork created by Willowbridge Special School in Enniskillen.

The Chair said at today's meeting he wanted to acknowledge how the artwork had transformed the bare and sterile walls of the Trust's offices into bright, positive spaces.

- The Chair advised that on Sunday, 29 September, the Altnagelvin Renal Support Group invited members of the Trust's Organ Donation Committee to join them to celebrate an important occasion at their Remembrance Garden on the edge of the City's Walls at Nailor's Row.

He said the purpose of the event was to rededicate the Garden of Life around a particular tree which had been grown from seeds donated by a senior Nephrologist from the City hospital who had been presented the seeds by a colleague who had sourced them from a garden at the medical school which was founded in Greece by Hippocrates the "father of medicine".

The Chair said in attendance at this memorable event were a number of people who had received donated organs and importantly representatives of the families whose members had donated the organs. He added that the Trust's Chaplains also played a central role in the event which was held at the same time as an event in Newtownards who also have a tree grown from the same seeds as the tree in the Remembrance Garden.

- The Chair advised that on 9 October with Mr Guckian and other colleagues he attended what the Minister had described as a "reboot" of the Bengoa report. The Chair said implementation of the report would constitute a central part of the Trust's agenda over the next number of years.
- The Chair advised that on 10 October he was pleased to accept an invitation to meet the Trust's Tissue Viability Team. He said while this was a small Team he was impressed by the work the Team was undertaking in what a very critical and specialist area of clinical practice.
- Later that evening the Chair said he was delighted to attend an event organised in MedEdWest for school students considering medical and dental careers. He said he appreciated all the Trust staff who had taken the time out of their busy schedules to attend and lead the open evening.

The Chair said he was delighted that the young people were able to leave the evening with a more complete insight into what a career in healthcare would involve. He said of course what would be the optimum outcome for the Trust would be to see these young people return as clinicians qualified to work in the Trust.

The Chair in thanking the staff from the Volunteer and Work Experience office who had organised the event acknowledged the work involved and assured the Board that the office would continue to link closely with local schools and colleges to showcase careers within the Western Trust.

- On 13 September the Chair said he was delighted to join clinicians to celebrate the 10th anniversary of the Trust's Primary Percutaneous Coronary Intervention Service.

The Chair said he wanted to particularly acknowledge those clinical leaders who had used all their influence to persuade the relevant regional planning foras to commit to a vision of a two site model for this service. He said due to the passage of time these clinical leaders had now retired however he said he would like to mention in particular Dr Albert McNeill, a retired consultant, who had been instrumental in establishing and developing the Cross Border dimension of this service.

The Chair said the delivery of the service involved multi-disciplinary clinical teams including visiting consultants from Letterkenny Hospital and Causeway Hospital who tirelessly provide a gold standard service to the populations of the Western and Northern Trusts and the community of North Donegal.

The Chair said while Dr McNeill had been unable to attend the event in September he was pleased he had the opportunity to meet with him, facilitated by Mrs McKay, on 11 October to acknowledge the work he had done in this area.

- On 18 October the Chair said he was delighted to attend the graduation ceremony of the Postgraduate Diploma students in HSC Management. The Chair advised that the Post Graduate Diploma in Health and Social Care Leadership & Management is validated by Ulster University and is delivered by staff from the Trust's Organisation and Workforce Development Team. The Chair advised that 10 members of Trust staff successfully completed the Diploma and he extended his congratulations and best wishes to each of them.
- On 23 October the Chair advised that the Chief Executive and he had met with the new holders of the Mission Cup.

The Chair said the Acute Liaison Learning Disability Nursing Team is a team of 2 staff members who provide a Trust-wide service by providing support to patients with learning disabilities who are preparing for surgery. He said that we can sometimes fail to appreciate how challenging this can be for persons with learning disabilities.

- On 24 October the Chair advised that he attended a "Chat Tea Ball" as part of "Positive Ageing Month" which was held in partnership with Derry City and Strabane District Council. He said this event had come about as a follow on from the Chat Tea Train and had been a very successful, positive evening.

The Chair said the purpose of the event is to reduce isolation and loneliness for older people and its aim is to bring older people together to socialise and develop new friendships. He said the Ball was about getting people together to enjoy a night out and reduce social isolation for older people.

- The Chair advised that on 1 November he attended an innovation event that showcased the work of our Allied Health Professional staff. He said the guest of honour was the regional Head of AHPs, Ms Michelle Tennyson. The Chair said the Trust should be very proud of what our AHPs are achieving every day and said he was particularly struck during the event by occupational therapy staff and the work they do in supporting families in the area of autism.

The Chair said among an impressive list of other presentations, was a presentation titled “Good Sleep Health is Everyone’s Business”. He said he hoped to bring this presentation to a future Board meeting.

- On 4 November the Chair advised that the Chief Executive, Medical Director and he met with Dame Carrie MacEwen, GMC Chair, and her management team who were visiting Northern Ireland to participate in a UK Advisory Forum meeting on 5 November 2024.

The Chair said the focus of the meeting with the Trust leaders was to discuss the future of medical education and again also related to medical education Dame Carrie had taken the following day to visit Altnagelvin to meet with management and doctors working in the Western Trust. The Chair said the GMC representatives were also interested to hear about Trust initiatives to support medical education and to hear from Physician Associates who are already working in our multi professional teams.

The Chair said Dame MacEwen was accompanied by the GMC’s Chief Executive Mr Massey, Ms Lane, Director of Registration and Revalidation, Mr Melville, Director of Education and Standards, and Ms Kennedy, GMC National Health for Northern Ireland.

The Chair said he was particularly impressed during the discussion that morning by the contribution of Dr Thiraviaraj who leads on medical education in the Trust and Dr Lavery who along with colleagues from across the Trust provided an impressive account of what our staff are delivering in this vital area every day.

10/24/5

MINUTES OF PREVIOUS MEETING – 5 SEPTEMBER 2024

The Chair referred members to the minutes of the Trust Board meeting held on 5 September 2024.

Following consideration of the minutes they were proposed by Mr Hegarty, seconded by Mr Telford and were approved by the Board as a true and accurate record of discussion at the Board meeting on 5 September 2024.

10/24/6

MATTERS ARISING

The Chair referred to the matters arising from the previous meeting.

Project Bank Accounts

The Chair advised that oversight of PBAs will be overseen by both internal and external audit with external audit performing an annual detailed review of bank reconciliations as part of the Trust Accounts. From a controls perspective he said any findings or issues will be reported to the Trust's Audit and Risk Assurance Committee.

The Chair added that as Ms McCauley is Chair of the Trust's Capital Development Board, she will review its Terms of Reference and scope to include oversight of the operation of PBAs. Ms McCauley he said will also include a short update to Trust Board following meetings of the Capital Development Board to include a short update on the current number and operational activity around PBAs associated with the capital schemes.

Grenfell – Implication for Trust Facilities

The Chair noted that Mrs Molloy provided a written brief to Governance Committee on this issue on 25 September 24 indicating there were no implications.

Improvement Project - Adult Mental Health Crisis and Inpatient Improvement Journey

The Chair advised that a meeting has been arranged between Ms O'Brien and Prof McKenna for 29 November to take this forward.

10/24/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian shared a report with members with regard to critical issues which had arisen since the previous Board meeting.

Mr Guckian advised that this week the Trust was supporting the Northern Trust in its encompass "go live" which was happening today, 7 November. He said the Northern Trust was referring patients to Altnagelvin Hospital to free up capacity across its own staff to allow them to meet their obligations in order to facilitate the implementation of encompass.

- Mr Guckian advised that this was another very challenging week for unscheduled services in the Trust. He said on 6 November there had been 48 patients waiting for a bed in Altnagelvin Hospital with 11 patients waiting for a bed in South West Acute Hospital.

Mr Guckian said he wanted to apologise to all patients who were adversely affected by these service pressures as it was not what the Trust wants for its patients and he assured the public that staff were working hard to improve both flow and capacity to address these pressures.

- On 3 October Mr Guckian said he was pleased to attend a workshop aimed at raising awareness of "PJ Paralysis" and Deconditioning.

Mr Guckian said #EndPjParalysis is a global movement embraced by nurses, clinicians and other healthcare professionals and is based on encouraging patients to get dressed everyday rather than remaining in nightwear. He said this had proven to boost recovery and support better mental health.

- On 7 and 8 October Mr Guckian said he was delighted to join his colleague Chief Executives from both the Republic of Ireland and Northern Ireland in a workshop to discuss areas of mutual interest. He said the workshop was facilitated by Mr Mike Farrar and areas of discussion included state of health and care across the world; quantifying challenges and identifying the potential themes and priorities that might be included in a shared work/learning programme.
- As previously stated, Mr Guckian said the Chair and he travelled to Belfast on 9 October to join colleagues for a conference organised by the DoH and led by Professor Bengoa.

Mr Guckian said the Minister had announced during the summer his intention to "reboot" the public conversation around public health reform and to that end,

Professor Bengoa had agreed to return to Northern Ireland for a one day conference.

Mr Guckian said Professor Bengoa's return was about supporting the Minister to assess the important work already underway and while also identifying the further action now required to implement the Plan as well as helping to accelerate the process of change and refocus the public conversation on a whole health and care system reform agenda.

Mr Guckian said Professor Bengoa delivered a keynote address and there were a number of other speakers and an opportunity to engage with presenters through a panel question and answer sessions.

- Mr Guckian said on 15 October he was pleased to be able to attend a Cancer Research showcase event on the behalf of the North West Cancer Centre (NWCC), the Northern Ireland Cancer Research Consumer Forum (NICRCF) and the Northern Ireland Cancer Trials Network (NICTN), held in the C-TRIC building Altnagelvin Hospital. He said the event highlighted the highly valued cancer research within the NWCC and Western Health and Social Care Trust as well as highlighting the pivotal role of patients and clinicians in the delivery of new research.
- On 16 October Mr Guckian said he was pleased to attend the annual NICON conference. He said during the conference he was asked to join a panel discussion with the Permanent Secretary about the "next 3 years" and he was also part of a panel to discuss the measures being taken to reduce agency spend.
- On 17 October Mr Guckian said he attended the annual CAWT Sponsored Humanitarian Disaster Assistance Course. He said he was grateful for the long-standing commitment of the Irish Department of Defence and their support to CAWT in facilitating the provision of facilities at the United Nations Training School Ireland (UNTSI) for this 4-day cross border course.

Mr Guckian said in a slight change to previous courses there was an increased complement of civilian participants to match the military participants that enabled a more inclusive approach to attendance at this important course facilitating cross sector links between agencies at a time of post pandemic recovery and living with Covid19.

- Mr Guckian said on 18 October he was delighted to attend the Post Graduate Diploma in Health and Social Care Management graduation ceremony with the Chair. Mr Guckian said he was honoured to address graduates and their families

on their outstanding achievements while also thanking the Trust's partners, the Ulster University, in delivering this highly valued programme.

- On 21 October Mr Guckian said he attended the Western Shadow Area Integrated Partnership Board induction programme with Mrs Molloy and Dr O'Neill. He said as the Trust moves to "stand up" the Western Shadow Area Integrated Partnership Board, (AIPB), an induction programme was arranged, in collaboration with the HSC Leadership Centre, to develop a process for all its members, to engage in relationship building, team working and importantly collaborative working.

Mr Guckian said he was pleased that the PHA has committed to working with the Trust to influence how its prevention budgets will be applied across the geography of the West, with the Trust focussing on prevention initiatives.

- Mr Guckian said on 22 October he was delighted to relaunch the Trust's post graduate leadership and QI course. He said the programme will be overseen by the Postgraduate Quality Improvement and STEPWest lead. He noted that the programme will culminate in a celebration event in June 2025, with the presentation of projects.
- Mr Guckian said on 23 October he was pleased to attend a clinical lead induction programme organised by the Trust's Organisational and Management Development Unit.

Mr Guckian said he had also at the invitation of the organisers made a presentation to participants on the regional HSC system, Trust structures and roles, the Trust vision, mission and corporate objectives and medical staff recruitment and retention.

Mr Guckian noted that feedback from the programme was extremely positive.

- On 30 October Mr Guckian said he was delighted to welcome Minister Nesbitt to the Trust to visit the Respiratory Hub, the Cardiology Hub and Trauma and Orthopaedics.

Mr Guckian said the visit was very successful with Minister welcoming the opportunity to meet front line staff and see services at the point of delivery.

- Mr Guckian advised that on 1 November it gave him great pleasure as Chief Executive to welcome participants to the second AHP quality and service improvement event. He said the team put together an impressive programme of presentations which showcased the diversity of services provided by AHPs on a

daily basis across the Trust. Mr Guckian added that he was also delighted to welcome Ms Michelle Tennyson, DoH Chief AHP officer and Bridgeen O'Hagan, Expert by Experience.

- On 4 November Mr Guckian said the Chair and he were delighted to welcome participants to the Safeguarding Adults & Domestic Abuse Online Webinar.

Members were advised that the webinar was hosted by the Trust's Local Adult Safeguarding Partnership and had more than 300 people participating. Mr Guckian said while the Western Trust was the host we were delighted to welcome partners and participants from across the region.

Mr Guckian said the aim of the webinar was to "Build confidence through Collaboration" and speakers included Women's Aid, Men's Action Network, the PSNI and the Western Trust. Ms Alyson Kilpatrick, Chief Commissioner to the Northern Ireland Human Rights Commission also spoke. Mr Guckian paid particular words of thanks to the courageous service users who presented their experiences.

10/24/8

IMPROVEMENT STORY – RESPIRATORY DISCHARGE PROCESS – DIRECTORATE OF UNSCHEDULED CARE, MEDICINE, CANCER AND CLINICAL SPECIALISMS

The Chair welcomed Dr Paddy McShane and Sister Riona Corcoran to the meeting.

Mrs McKay introduced Dr McShane and Sr Corcoran to members and said today's presentation detailed the improvement journey undertaken by Ward 26 Respiratory in respect of its discharge process and the policy and procedures carry this out effectively.

Dr McShane and Sr Corcoran thanked members for the opportunity to present their improvement journey. They described to members the background to commencing the improvement journey – their strategic direction, the establishment of a Community Respiratory Team, developments in outpatient clinics, Interstitial Lung Disease service development, clinical pathways and the development of the Respiratory Hub.

The presentation detailed the initiatives that were put in place to facilitate timely discharge. They outlined the introduction of daily huddles, the development of a flow chart for completed discharge letters, the introduction of a discharge board, the use of the Discharge Lounge, and the important role of the Respiratory Hub.

The presentation also detailed the proposed respiratory pathway and the pathway for acute presentation of a respiratory patient. It was noted a whole system approach to flow was taken with all areas developing pathways within each area with admission criteria, system and operational governance all with a focus on the patient.

Members were described in detail the daily process to enhance patient flow and it was noted that discharges had significantly improved with discharge before 1 pm in October 2024 reaching 100%.

The presentation continued on the development of the Respiratory Hub. It was noted that the Hub provides 5 sessions per week and in September 2024 it saw a total of 88 patients, saved 40 bed days, avoided the admission of 20 patients equating to 22 bed days saved and had facilitated the early discharge of 16 patients equating to 18 bed days saved.

In concluding their presentation it was noted that the success of the improvement journey could be attributed to the experience of staff on the Ward and it was also felt that communication, teamwork and leadership were all instrumental to the success of the journey.

The Chair thanked Dr McShane and Sr Corcoran for their informative presentation. He invited members to ask any questions.

Rev Canon McGaffin said the presentation was extremely impressive and that she liked how the team had started its process with prevention. She said she was also impressed that the improvement journey involved a whole system approach including patients and relatives. She asked how the learning could be extended to other specialities particularly in relation to the Discharge Lounge and ward based pharmacy input.

Dr McShane and Sr Corcoran confirmed that they would be happy to speak to any other speciality and share their model. Dr McShane said however the model would differ depending on the patients. Dr McShane added that the improvement journey needs to be driven by the senior nurse who effectively leads the project within the ward and who proactively engages with the new Resident Doctors during their induction to the ward.

Mrs Laird said she was made familiar with this improvement project during a recent leadership walkround to Ward 26. She said she was very impressed by the work and the “can do” attitude of the ward staff.

Mr Telford said this was a brilliant example of “working smarter” and said the “flow board” initiative should be shared with other areas.

Dr McGinley said she was very impressed by the project and asked why the improvement project had started.

Dr McShane said just before Covid the ward was looking at an early discharge project as they acknowledged that the ward needed to work differently. In 2021 the Trust received funding from No More Silos and this provided the funding to initiate changes. He said also because there were no outpatients during Covid they used the opportunity to pause and review how the service could work differently. The respiratory hub was established as the service acknowledged that it needed to work differently.

Ms O'Brien welcomed the improvement project and said she felt the project could be up scaled and spread across the hospital. She said the inspiration and work done was amazing and the project had demonstrated how you can take an initiative forward with the entire team owning it.

Mrs McKay thanked Dr McShane and Sr Corcoran and the entire respiratory team for the work they have done. She said the hub approach worked well in both respiratory and cardiology and both were able to manage their beds very well. She said in respect of medical wards, a lead nurse with responsibility for flow had been appointed and in the reform plan managing early in the day discharge was a key priority for these services going forward.

The Chair thanked Dr McShane and Sr Corcoran for their presentation and said their positivity and all that they were doing was commendable. He said what they were doing was "leading edge" and it was important that their expertise and experience is disseminated across wards and adapted where appropriate, with staff having the confidence to explore change that has the potential to benefit both patients and staff.

10/24/9

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr Lavery referred members to the Trust's corporate risk register and assurance framework. He said there were 20 risks on the corporate risk register as approved at Trust Board on 5 September.

Dr Lavery advised that there were no proposed new risks for consideration. However he said there were material changes to 2 risks. He referred to risk ID1219 and a proposed amended risk outcome and risk ID1487 and a proposal to reduce the risk rating from Extreme to High.

Following consideration the proposed amendments to risk ID1219 and risk ID1487 were unanimously approved by members.

Dr McGinley sought clarity on the impact of industrial action on children's services. Mr Cassidy advised that the impact of industrial action was more immediate in other Trusts in Northern Ireland. He said pay was outside the control of the Trust however other issues have been raised under Delegated Statutory Functions that the Trust is trying to work through with DoH colleagues and trades unions.

10/24/11

ANNUAL QUALITY REPORT 23/24

Dr Lavery referred members to the Trust Annual Quality Report for 2023/24. He said the report was compiled using a regional minimum dataset and format to ensure consistency across the Region and it reflected on quality improvement work undertaken throughout the year as well as challenges experienced throughout the Trust.

Dr Lavery referred to the "Next Steps" section and said this outlined the work plan for 24/25 whereby the Trust will continue to work to improve services in line with the Strategic Priorities set out in the Trust Corporate Plan.

Dr Lavery said the report will be published on the Trust website to coincide with World Quality Day.

Dr McGinley said the report was very impressive and congratulated everyone involved who had developed it. She referred to the Carers Framework and commended everyone to look at this given so many of Trust staff are carers.

The Chair referred to the complaints section of the report and said he found it interesting the number of complaints in respect of staff attitude and behaviour and asked if this would require further consideration. The Chair said he was impressed by the quality of the report, the volume of the information and thanked all staff involved in it. He commended the report to all staff.

Dr McPeake advised that when the report was reviewed by the Governance Committee one of the points was that there was a wealth of good news stories and commended it to communications so that they highlight the narrative across the various Trust platforms.

Prof McKenna referred to suicide rates within the Western Trust area and asked how the rate within the Western Trust compared with other Trusts. Ms O'Brien advised that the Western Trust was not out of line with other Trusts and said the National Confidential Inquiry report provides analytical data on suicides and demonstrates that progress is being made towards the regional zero suicide rate. Dr McGinley

asked if there were trend information available and Ms O'Brien said she would seek to provide this to members.

10/24/12

TEMPORARY SUSPENSION OF EMERGENCY GENERAL SURGERY – UPDATE - SWAH

Mr Gillespie referred members to an update for the period ending September 2024. He said the infographic was being reviewed and that as part of this review the user view would be sought via the Project Board.

Mr Gillespie advised that the Emergency Department at South West Acute Hospital continued to be busy and was seeing an increase in attendances and a change in ambulance trends. He said an analysis reflected an increase in patients with Fermanagh and Omagh postcodes attending Altnagelvin Hospital in the first instance and that this would be kept under review. Mr Gillespie also share some insights into the impact on other hospitals particularly Craigavon Hospital and the Royal Hospital Belfast for Sick Children of the temporary suspension.

Mr Gillespie referred to the Emergency Surgical Ambulatory Assessment Unit within the South West Acute Hospital and said from April 2024 to September 2024 it was seeing an increase in attendances with an average of 4.4 patients per day.

Mr Gillespie said Trust Board would be aware of the intervention made to increase transfers direct to a bed and said since “reset” there had been a significant increase in this. He said it would be very difficult to reach 100% as beds are managed based on clinical need. Mr Gillespie said the Trust is very focussed on repatriation of patients back to SWAH who are assessed as being at the end of their acute surgical journey as this reduces the difficulties faced by patients and their families.

Mr Gillespie continued by referring to theatre activity within SWAH including regional elective surgery and said for the reporting period, the number of patients receiving their surgery in SWAH had increased to 3,100 patients. He said this surgery included colorectal patients with ENT surgery commencing in November along with breast and other surgical procedures. He said the hospital was on an upward trajectory and the Trust is very focussed on how it delivers this increase with DoH colleagues.

Dr McGinley welcomed the direction of travel. She said she was conscious that some patients who could attend SWAH were going to Altnagelvin because out-of-hours were directly referring patients there. She said these patients could have possibly been seen in ambulatory care in SWAH. In respect of staffing she said this hopefully would benefit the southern sector patients and SWAH and also take some

of the pressure off Altnagelvin. Dr McGinley suggested the Trust should consider what more could be carried out in SWAH in respect of cross border work.

10/24/13

ENVIRONMENTAL CLEANLINESS REPORT – UPDATE - APRIL – JUNE 2024

Mrs Keenan referred members to an update report in respect of Environmental Cleanliness for the period April – June 2024.

Mrs Keenan advised that the compliance for the bi-monthly, quarterly and 6-monthly audits was 72% for the reporting period. She said the areas that had not completed their audits as per the schedule had been highlighted to the Heads of Service/Lead Nurses/Lead Midwives to address.

Mrs Keenan advised that 100% of the bi-monthly audits achieved the acceptable standard (Green) with 97% achieving the standard in the quarterly audits and 95% in the six monthly audits. She noted that 75% of the managerial audits achieved the acceptable standard. Mrs Keenan said those areas not at the acceptable standard (for all of the audits) were in Amber performance and if an exception report had not been submitted this is highlighted at the relevant Accountability meeting – for nursing areas at the bi-monthly accountability & assurance meetings and all other areas at the Environmental Cleanliness Accountability meeting.

Mrs Keenan referred to the quarterly score for Altnagelvin Pharmacy Department and advised that this had been discussed with the Head of Service as both the cleaning and estates issues are the responsibility of Integral as this is a PFI building and this has been addressed with them.

The Chair thanked Mrs Keenan for her report and stressed the importance of cleanliness. He commended all involved in this important work.

10/24/14

QUALITY IMPROVEMENT MONITORING REPORT – NEWS

Mrs Keenan referred members to the quality improvement monitoring report update report on National Early Warning Scores (NEWS). She advised for the period 1 October 2023 - 30 September 2024 the Trust had been just below the target of achieving the 95% compliance for accurately completed NEWS2 charts in adult inpatient wards. She said the themes identified were observations not recorded to frequency, not all vital signs recorded and no evidence of escalation.

Mrs Keenan advised that all scores that are deemed not at the acceptable standard are required to provide an exception report and these are discussed at Nursing Accountability and Assurance meetings. She said additional support is offered by the Professional Nursing Team to areas consistently achieving a low score to educate staff on the use of the audit tool, to remind them of the importance of accurately documenting NEWS2 and to ensure adherence to the Trust escalation process.

Mrs Keenan advised that there are a few areas such as the Mental Health and Learning Disability wards with a pattern of low scores due to a number of their patients declining to have some or all of their vital signs/observations recorded. She said in these cases the Non-touch Observational Tool is used to monitor the patient to highlight any signs of deterioration. Mrs Keenan said performance in the audit within the 2 wards in Grangewood in April 2024 was reduced as both wards were sharing one observation machine to record vital signs as the second machine had gone for repair. She said this meant staff were challenged to record the NEWS2 to the prescribed frequency however she said an observation machine was now loaned to the service to help achieve compliance with the recording of vital signs.

Mrs Keenan said NEWS2 continued to be included with the Immediate Life Support training and all new registrants were advised to complete the e- learning provided by the Royal College of Physicians.

10/24/15

INFECTION PREVENTION AND CONTROL REPORT

Mrs Keenan referred members to an update report in respect of Infection Prevention and Control.

Mrs Keenan advised that the DoH has issued new HCAI reduction targets covering a 5 year period from 2024/25 to 2028/29 relating to *C. difficile* associated disease and MRSA bacteraemia. Mrs Keenan said a new methodology had been adopted for setting the targets in line with the new UK Antimicrobial Resistance National Action Plan which was launched in May 2024. Mrs Keenan took members through the changes and said the Trust had raised concerns regionally regarding the new methodologies being used and the use of a single year's performance as the baseline.

Mrs Molloy advised that new HCAI reduction targets was discussed at the Finance and Performance Committee on 6 November and the Committee queried incidence rates. Mrs Molloy said the PHA has committed to look at this.

Mrs Keenan referred to performance in respect of *C. difficile* and said so far this year there had been 32 cases reported. It was noted that 23 of the cases were classified as healthcare-associated with the remaining 9 cases being classified as community associated. Members were advised that the most recent incidence rate available is for August with 18.28 cases and as such the Trust is off track for meeting the reduction target.

Continuing Mrs Keenan referred to current MRSA bacteraemia performance and noted that since beginning of April, 2 MRSA bacteraemia cases had been reported. She said one case was categorised as healthcare-associated and the other case was community-associated. Members were advised that the most recent incidence rate available is for August 2024 and is 0.91 cases and as such the Trust is on track to achieving the reduction target.

Mrs Keenan advised that Covid19 outbreaks continue to be declared in Trust wards, departments and facilities. She said between July and mid-October 2024, 17 outbreaks had occurred. Mrs Keenan said the IPC Team were leading on the management of these incidents as applicable with incident meetings taking place and all IPC measures being instigated as necessary.

Mrs Keenan referred to infection prevention and control induction and mandatory training. She noted that between 1 April and 30 September 2024 a total of 2,930 staff completed the training. She said the attendance target for each year is 50% of the total number of staff who require training. Mrs Keenan said for the 12 months ending September 2024 the percentage of staff trained was 36.22% however as attendance at IPC training is required on a biennial basis, the attendance rate over a 24 month period has also been calculated and as at the end of September it was 62.48%.

Prof McKenna referred to hand hygiene compliance. Mrs Keenan said the Trust's overall average self-reported hand hygiene score was 69% when non-submission areas are included. She said 59 areas out of 194 applicable areas failed to submit scores for September 2024. Prof McKenna referred to the importance of hand washing techniques and Mrs Keenan said it was important when you look at wards in outbreak that you ensure staff are not adding to this or contributing to an outbreak position.

Mr Telford referred to the downward trend for self reporting average compliance rating and asked if this needed to be addressed. Mr Guckian assured that when the score was adjusted for non-submission areas, the Trust's overall self-reported hand hygiene score improved to 100%. Mrs Keenan assured members that the Professional Nursing Team is examining performance and starting to drill down to establish why we are in the current position. She added that the IPC Team is also starting to undertake more peer reviews.

The Chair said it would be important to record this in today's minutes so that it can be demonstrated to wards that the Trust Board is paying attention to this and the Board finds the overall report reassuring.

Mrs Keenan concluded her report by asking Directors to feed back to their governance teams the detail of the report.

10/24/16

GOVERNANCE COMMITTEE

16.1 Minutes of Committee meeting held on 26 June 2024

Dr McPeake referred to the minutes of a Governance Committee meeting held on 26 June 2024 and noted that members had received a verbal update at a previous Board meeting.

16.2 Verbal update from Committee meeting held on 25 September 2024

Dr McPeake referred to a meeting of Governance Committee held on 25 September. He said there were 2 issues which required escalation to Board.

Dr McPeake said concerns were noted regarding the lack of funding for an additional staff member for the Appraisal and Revalidation Team. He said the Medical Director has agreed to enquire how other Trusts fund this services.

Dr McPeake said the second issue was in relation to a Directorate Risk ID1513 relating to the availability of short breaks for children with a disability. Dr McPeake said Committee members highlighted the need to agree a strategic approach for regional commissioning in respect of respite services and that into the future it may be necessary for the Chair to write to the DoH on this issue.

Dr McPeake raised a further 2 other issues with members. He said one issue related to the Trust not meeting the 20 day timeframe to report falls. He said this would require closer monitoring until the position improves. The second issue Dr McPeake said was that the Trust achieved satisfactory assurance with a recent internal audit of the Management of Standards and Guidelines and RQIA recommendations. Dr McPeake said the findings identified some gaps in corporate arrangements eg quorums at meetings, and it was agreed that a year end report will be provided to Governance Committee to update progress in relation to this recommendation. Dr asked Committees to look at their Terms of Reference to ensure their meetings are quorate.

16.3 Terms of Reference

Dr McPeake referred members to a reviewed Terms of Reference for the Governance Committee. He said there were no changes to the document and following consideration the Terms of Reference were unanimously confirmed by members.

The Chair advised members that Rev Canon McGaffin will be replaced on the Governance Committee by Mr Telford.

Mr Cassidy referred to respite arrangements for children with disabilities and advised that the DoH has made some additional funding available in year to address current challenges. He said that however given current circumstances the Trust would not be able to open new facilities but will look at providing respite in a different format. He said further additional funding next year will allow the Trust to look at improving short break facilities and appoint a member of staff to manage this initiative. Mr Cassidy said given this additional investment it may not be necessary for the Trust to write to the DoH at this time.

The Chair welcomed this advice and said additional the funding had been released on the back of a recent BBC Spotlight documentary. He said it was very important that the Trust supports these families and that the Trust acknowledges social care requires more attention.

The Chair advised before moving to the next item on the agenda he wished to acknowledge the retirement of Mr Paddy McCance, Head of Orthoptics, who has worked for the Trust for over 30 years. At the recent event for AHPs Mr McCance had made a presentation. In the presentation he referred to a critical invention where annual eye tests were introduced by health and social care for adults with learning disabilities when it was identified that young people with learning disabilities ceased having annual eye test once they left education at 18. He explained that this intervention was very important because people with learning disabilities sight can deteriorate very rapidly. The Chair said he mentioned this because throughout his career Mr McCance had advocated for the most vulnerable.

10/24/17

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 SEPTEMBER

Ms McCauley referred members to the Trust's Financial Performance Report for the period ending 30 September 2024.

Ms McCauley stated that she had briefed members at a previous meeting on the financial position at 31 July 2024 at which time she also updated members on the

Trust's updated forecast deficit of £3.5m. Ms McCauley advised that at the Finance & Performance Committee meeting last month she briefed members on the financial plan position and the correspondence exchanged between the Trust and the Permanent Secretary during September in which the Trust had indicated a revised forecast deficit position of £1.3m following an early mid-year comprehensive financial review. Ms McCauley said the Trust also set out in a further letter to the Permanent Secretary that we would be repeating this comprehensive review following completion of a month 6 financial report. Ms McCauley said this exercise was currently drawing to a completion and she was meeting with her finance team next week to understand if the Trust's forecast position was likely to change.

Ms McCauley said the Trust also awaited clarification from the autumn budget 2024 of what the implications will be for HSC in Northern Ireland. She said it was understood that there is an additional £640m of additional funding being provided to Northern Ireland in this financial year and it is expected that the Department of Finance when this allocation is received will conduct a monitoring round. She said early messages indicate that this funding will not balance the public sector books in this financial year. Ms McCauley added that we know that for 2025/26 the health budget in England stands to gain significantly with investment in elective care to achieve a reduction in waiting lists and she hoped the block allocation to Northern Ireland would reflect a similar increase. However, she said only the Executive can decide how this is to be distributed across Northern Ireland Departments for 2025/26 and it is being indicated that Stormont expects to agree a draft budget for 2025/26 before Christmas that would then be circulated for consultation and finalisation before the start of the next financial year in April 2025.

Ms McCauley said she had also made reference in her report to the work to date in relation to the Trust recovery plan. She said we had provided our finance focused financial forecast for the 5 year period 2025/26 – 2029/30 to SPPG on 30 September and then met with SPPG leads last week to discuss the detail of this submission. Ms McCauley said there are 3 parts to this financial exercise, the first is to forecast our opening position for 2025/26 based on current financial pressures, then to forecast demographic growth for each of the next 5 years and finally to forecast what our savings potential might be for each of the 5 years. Ms McCauley said members would recall the approach taken to the Trust recovery plan which was discussed at a meeting in late May 2024. She said to determine our potential for savings potential the Trust had based its assessment on the savings assumptions which were detailed in that document and thus will be building on what we have already planned to do. Ms McCauley said that approach recognised that some of the plans may have been classified as high risk at that time, without the time needed to plan effectively and mitigate risk, but with the benefit of time, plans may be able to be delivered that would involve lower risk. She added that the substance of discussions with SPPG last week was in relation to the detail of those plans while also continuing to highlight the requirement for regional savings planning across the wider system, the

challenges of saving while our hospital and community services continue to operate under intense pressure compounded by our capacity to manage the scale of this proposed savings challenge through our Teams.

Ms McCauley also advised that the Trust understands we are to receive a follow-up letter from SPPG on further action required in the relation to the figures that have been discussed to date. She said again this had been a finance focused exercise only at this point and so the work we will be doing through our Delivering Value Programme will be to build the plan and develop a more formal detailed document for discussion.

Moving on to the financial performance for the period 30 September 2024 and to the statutory financial performance targets, Ms McCauley advised that the Trust was noting amber against its statutory duty to break-even. She said she expected to brief members on a revised position next month following completion of the current financial plan review. Ms McCauley said the Trust is on target to achieve break-even against its capital budget and is in amber against its prompt payments performance indicator target. However, in relation to prompt payments, she said the Trust has significantly improved its position from the earlier part of the year with 94% of its payments being paid within 30 days in September and 92% in the year to date.

In relation to the position at 30 September, Ms McCauley said the Trust was reporting a deficit of £684k against its forecast of £1.3m. From a Directorate perspective in Table 2, she said members would note that at a sub-total level, Directorates had held their positions from last month with no increase from the 4.3% reported. Ms McCauley highlighted that in the last report she had briefed members on, the period ending July, the Directorate variance was 4.6% and so she took the opportunity to commend all Directors for the level of control they had achieved in relation to unavoidable expenditure in the Trust which she said was beyond anything we have experienced to date. Ms McCauley said we were reminded earlier this week that it takes a number of data points in a trajectory to create a trend, and as we continue to move towards winter it will be challenging to stay in this trajectory but she was confident that Directors are doing what they can, where they can.

Moving to table 3, Flexible Payroll, members were asked to note a very positive reduction from the prior month of 1.3%, and this was across most Directorates. Ms McCauley referred to Table 4 which illustrated an increase in medical agency costs to date, she said monthly hours had increased by 4.5%, and expenditure had increased by 9.7% when compared to the same period in 2023/24. She said the targeted focus on agency usage was starting to have a positive impact on volume with a reduction in hours in September when compared to year to date average hours. Ms McCauley said the medical locum engagement team continued to challenge and negotiate rates, however market-driven rates had risen by approximately 5% when compared to the prior year. She advised that the bespoke

recruitment project to India had seen 38 posts offered to date with approximately 23 accepted and other candidates still considering offers. Ms McCauley said there would be a focus over the remainder of the year on specific high usage specialties including ED in order to drive further improvements and savings.

Moving to tables 5 and 6 Ms McCauley highlighted a reduction in nurse agency expenditure but a marginal increase in total nursing costs, highlighting that the Trust has a further increased nurse payroll, a positive indication of the work being progressed through the Trust's nurse stabilisation programme.

Referring to table 7, Independent Homes, Ms McCauley said there were no material changes to note, given the reduction in run rate was related to the 30 day month.

Ms McCauley said table 8, Contingency savings, confirmed savings of £8.5m and said members would note that savings continued to be slow in being yielded from medical and nursing workstreams. She said some Directors had assessed that they cannot deliver against their share of these savings targets in full, however, they have committed to plan to compensate for these gaps through their general savings arrangements and that position was reflected in the general savings target line where there is an achievement of 55% against the established target at this point.

Ms McCauley referred to table 11, Capital, and advised that the Trust had spent £7m at 31 August and would be on target to spend its funding allocation in full.

In concluding her report Ms McCauley summarised that the Trust is reporting a deficit of £0.7m against a forecast deficit of £1.3m for the year. She said she would be finalising shortly a review of the financial plan following the month 6 position report and she would brief members on this analysis in due course. Ms McCauley noted that there was no Finance and Performance Committee meeting in December and so she suggested to members that an exceptional meeting is arranged so that she could provide a detailed brief in relation to both the in-year forecast position and the recovery plan progress.

The Chair thanked Ms McCauley for her comprehensive report.

Mr Hegarty commended the financial position of the Trust and said this would not be possible without the financial control from Directors. He commended the work in relation to international recruitment and said it had been an incredible piece of work.

Mrs Hargan thanked Mr Hegarty for his comments and said international recruitment had been a team effort with Mr Gillespie, Mrs McKay and Dr Lavery all contributing to the process. Mrs Hargan referred to the forthcoming workshop on workforce on 26 November and said there would be further discussion on these matters then.

Rev Canon McGaffin referred to the number of medical locums across the Trust and said in relation to the international recruitment campaign which had seen 23 posts accepted, how many locums were now within the Trust. Mrs Hargan said she would provide this number.

Mr Gillespie said the medical workforce required to staff the Western Trust is currently not being trained in Northern Ireland and it is important the Trust does not miss any recruitment opportunities to attract staff to the Western area.

The Chair referred to the ethical dilemma involved in international recruitment and said the Trust was attracting doctors from a communities that in some instances need their own doctors. He said at a recent meeting with a retired consultant he was advised of a Scottish model where consultants are recruited on the basis that they will be willing to go overseas for 6 weeks each year to work funded by the their own employer. He said the model was supported by Royal Colleges in Scotland and that the Trust should consider such approaches.

Mr Telford supported Mr Hegarty's comments and said he recognised the cost of locum and agency staff. He sought clarity on budget setting and Ms McCauley clarified that health does not have a multi-year budget however the Trust is aware that demographic growth needs to be funded and the Trust is working with SPPG on this in order that the Minister can be briefed.

Dr Lavery thanked all the staff who recently travelled to India for the recruitment campaign and who put in the hard work to make it such a successful trip. He said one lead clinician was setting up a rotation with India and some doctors may come here initially but subsequently will return to India. The Chair said he felt very reassured by such approaches.

10/24/18

ENDOWMENT AND GIFTS COMMITTEE

18.1 *Minutes of Committee meeting held on 10 June 2024*

Rev Canon McGaffin referred to the minutes of a Committee meeting held on 10 June. She said a verbal update had been given to a previous meeting of the Trust Board.

18.2 *Verbal Update from Committee meeting held on 10 September 2024*

Rev Canon McGaffin referred to a Committee meeting held on 10 September 2024. She said there were no issues that needed to be reported to Board ahead of the minutes coming to a future Board meeting.

10/24/19

AUDIT COMMITTEE

19.1 Minute of Committee meeting held on 1 July 2024

Mr Telford referred members to the minutes of a Committee meeting held on 1 July 2024. He said a verbal update had been given to a previous Board meeting.

19.2 Verbal update from Committee meeting held on 14 October 2024

Mr Telford provided members with a verbal update from the Committee meeting held on 14 October 2024. He said it had been a very positive meeting.

Mr Telford referred to the Internal Audit progress report for 24/25. He stated that 8 reports had been completed to date with 6 receiving a satisfactory assurance and 2 receiving limited assurance. He said the Committee were briefed on each report by Mrs McKeown and discussions took place on each. Mr Telford said one of the audits had been self referred and said this had been welcomed by the Committee.

Mr Telford said the Risk Management Audit findings were mainly around Directorate Risk Registers and said that discussion had demonstrated great oversight and outcome was positive.

Mr Telford referred to the Internal Audit Mid-year Follow up and said Internal Audit had drawn the Committee's attention to a number of issues which it will follow up.

Mr Telford advised that staff from Counter Fraud will attend the February meeting of the Audit and Risk Assurance Committee.

Mr Telford said the Trust has requested that more detail was required in relation to the updated Internal Audit recommendations and said it had also been agreed that a standard template should be developed to support this.

Mr Hegarty commended the excellent progress reflected in 6 of the Internal Audit reports receiving a satisfactory assurance. He referred to the report that related to Complaints Management and said there was a need for further work on this area.

The Chair said as a former Ombudsman, if an organisation had no complaints that would be an even greater concern however that said the Trust needs to look at its complaints procedures and processes and examine how the Trust can improve on its current performance.

10/24/20

BANK MANDATE CHANGES REQUIRED DUE TO CHANGES IN STAFFING

Ms McCauley sought approval from members to add the following new members of staff as authorised cheque signatories on the Trust bank mandate.

- Mr E McLaughlin, Accountant
- Ms C McBride, Accountant

Ms McCauley also sought approval to remove Ms McGlinchey, Senior Accountant as a cheque signatory, as she had been promoted to a Senior Accountant post.

The amendments were proposed by Rev Canon McGaffin, seconded by Mr Telford and unanimously approved by members.

10/24/21

LISNASKEA HEALTH & CARE CENTRE PROJECT: AWARD OF CONSTRUCTION CONTRACT

Dr O'Neill advised that further to Trust Board consideration and approval at May Trust Board meeting, she wished to advise that Lisanaskea Health and Care Centre construction contract had been awarded to Lowry Building and Civil Engineering Ltd for the sum of £20,634,773 excluding VAT.

Dr O'Neill confirmed that all necessary pre-award checks had been undertaken in advance of awarding of the contract.

Dr O'Neill advised that the project team was now working with the contractor and design team to start works on site as quickly as possible following approval of required pre-start planning conditions.

10/24/22

PERFORMANCE REPORT

Mrs Molloy referred members to quarter 2 performance report for the period July – September 2024. She said the regional position from the Performance and Transformation Executive Board was not yet available and therefore she could not provide the regional position to members. She said unfortunately the Finance and Performance Committee had not had an opportunity to review this quarters report given a diary clash with the Trust Board workshop.

Mrs Molloy said there were no significant issues for Trust Board that she wanted to bring to members' attention.

Mrs Molloy referred to the summary in section 2 of her report and said this showed that at the end of quarter 2, across the 64 metrics, the Trust had 27 red metrics (43%) and this was a slight improvement on the previous quarter where we had 29 metrics red (45%). Mrs Molloy said the Trust had a marginal improvement in the number of areas classified as amber, 10 last quarter and 12 this quarter, and the number of green metrics remain unchanged. Mrs Molloy said the Trust had seen a mix of improvement and some performance deterioration from quarter 1.

Mrs Molloy advised members that notable improvements had been seen in community dental general anaesthetic cases, day case and delivery of echos, which are now meeting their target. She said the Trust was also seeing a real improvement in theatre scheduled minutes. Mrs Molloy said however the Trust was seeing a deterioration on its domiciliary care unmet need from the good position in the last quarter, and a deterioration in review outpatients and ambulance handover times.

Mrs Molloy said many of the areas remained unchanged, and she commended performance by teams delivering breast cancer care, imaging, MRSA management and children's social care, who were high performing again this quarter.

Mrs Molloy said the Trust had been advised verbally that of the 27 red areas, 20 were viewed unacceptable and 11 of these were in unscheduled care, 4 in elective, 62 day cancer, and 4 public health areas. She said none of these were new to the Trust and the Finance and Performance Committee had been previously briefed in detail on outpatient improvement, cancer, and unscheduled care. Mrs Molloy provided assurance to members that there was scrutiny in the relevant areas from the Committee.

Mrs Molloy said there were however some issues of importance in the general accountability and performance arrangements which were on the horizon. She said the DoH is introducing a combined Finance and Performance accountability meeting with Trusts and Ms McCauley and she along with their Teams had the first of these meetings during this week. She said the DoH accept that the process will need to bed in and are seeking feedback on the sessions that had already been completed.

Mrs Molloy advised that the DoH is in discussion on the introduction of the new System Oversight Measures (SOMs), and said this will change the content of Trust reporting to DoH and to Trust Board. She said it is expected that this will be a higher level and more strategic report and over time will be more focussed on outcomes. Mrs Molloy said the SDP will continue at least until end of this year and will then potentially run in parallel for a period with the new system.

Mrs Molloy advised that the DoH has also notified the Trust that it will introduce a new Support and Intervention Framework, and the Trust is engaging with the DoH on early assessments and the new processes to bring this forward. She said Trust Board will be briefed in more detail once the initial assessment is notified to the Trust, and we expect that imminently.

The Chair thanked Mrs Molloy for her comprehensive report and said it provided a real sense of progress. Dr McGinley referred to the good practice in respect of hospital discharge and said if this model could be extended to include the weekend that would be helpful.

10/24/23

ANNUAL EQUALITY PROGRESS REPORT 2023/24 TO THE EQUALITY COMMISSION FOR NORTHERN IRELAND (ECNI)

Mrs Molloy presented to members for approval the Trust's Annual Equality Progress Report for the period 1 April 2023 to 31 March 2024. She reminded members that public authorities are required by the Equality Commission to submit an Annual Equality Progress Report.

Mrs Molloy said that content of the 2023-2024 annual report evidenced that there has been sustained commitment across the Trust to meet statutory obligations under Section 75 of the Northern Ireland Act 1998 and Section 49A of the DDO 2006 and that there had been significant progress in all areas of the Trust's Equality Scheme, Section 75 Equality Action Plan and the Disability Action Plan.

Mrs Molloy said the report was accompanied by a number of appendices.

Dr McGinley said she had a technical question and she would raise this with Mrs Molloy outside the meeting.

Rev Canon McGaffin referred to page 16 "Good Relations" and suggested that further narrative should be included detailing what this looks like in practice.

Rev Canon McGaffin also noted that the Annual Report did not include narrative on chaplaincy services while the number of chaplains had increased. She said there is evidence that chaplaincy is valued by both patients and staff and it has been evidenced that it can reduce bed days. Mrs Molloy said she would take on board Rev Canon McGaffin's comments.

The Chair suggested he and Rev Canon McGaffin could discuss this further.

Following consideration of the Annual Report it was proposed by Mr Hegarty, seconded by Rev Canon McGaffin and unanimously approved by members.

10/24/24

ITI COMMITTEE

24.1 Minutes of Committee meeting held on 13 June 2024

Mrs Laird referred to the minutes of a Committee meeting held on 13 June 2024. She said a verbal update had previously been provided to members.

24.2 Revised Terms of Reference

Mrs Laird referred members to revised Terms of Reference for the Committee and advised that Prof McKenna and she met with the Chair to agree the revised Committee Terms of Reference and Work Plan. She said discussions included membership of the Committee and whether there was a requirement for additional representation from Non-Executive Directors, however, it was agreed that Committee membership would remain unchanged at this time.

Mrs Laird advised following attendance by the Patient Client Council it had been agreed the PCC should attend Committee meetings on a regular basis. She said the Chair felt it was necessary to strengthen the links between both organisations and that this should be reflected within the Terms of Reference and PCC representation.

Mrs Laird took members through other changes to the Terms of Reference. She said in relation to membership discussion had taken place with the Chair in relation to the Medical Director's attendance and it was agreed there would be a need to seek Dr Lavery's views. Mrs Keenan agreed to discuss this with Dr Lavery, however, they were mindful of the pressure on clinical staff in attending meetings.

Mrs Laird said additional sections had been added in respect of Conflicts of Interest and Confidentiality.

Following consideration the revised Terms of Reference were proposed by Mr Telford, seconded by Rev Canon McGaffin and approved unanimously by members.

24.3 Committee Work Plan 2024-2026

Mrs Laird referred members to the Committee's work plan for 2024-2026. She advised the work plan now incorporates a new duty and responsibility for oversight on reporting arrangements for the Disability Action Plan and would look at bringing together PPI and PPE as this lies in 2 separate organisational functions.

Dr McGinley advised that in reading the Committee minutes, the Committee recognises the potential overlap of issues at the various Board Committees and the risk of duplicating work. She was it was important that meeting are as efficient as they can. Mrs Laird said she was very conscious of this and that the discussion on overlaps should be raised going forward.

Prof McKenna referred to Mrs Molloy's leadership in respect of encompass and said he was conscious that a lot of the work of the Committee is under the remit of her team.

24.4 Verbal update from Committee meeting held on 12 September 2024

Mrs Laird referred to a meeting of the Committee held on 12 September.

Mrs Laird commended the Case study presentation in respect of bespoke housing adaptations undertaken within Occupational Therapy Adult Learning Disability Service. She said she would commend the presentation to the Board and said the case study was submitted to the SPPG as a supporting department to a funding submission.

Mrs Laird said the Committee was briefed that complainants in many cases were waiting longer than the 20 working day target for a response to their complaint. She said a total of 247 complaints were closed within the period April to June 2024 and the average response time was 81 days. Mrs Laird acknowledged that quite often the delay was due to the complexity of the complaint but the Committee felt there needed to be focus on outstanding complaints in an effort to have these responded to as learning from such complaints can be lost due to delays.

Mrs Laird also advised that the Committee were briefed that a large proportion of complaints were being returned without a lessons learnt section. She said this limited dissemination of learning and the ability to potentially prevent recurrence. Mrs Laird said the complaints department is actively targeting this area for improvement and felt this work should be shared with the Governance Committee.

The Chair suggested Mr Guckian and he should look at the qualitative dimension of complaints and seek to secure ownership of the process to determine how the Trust can sharpen its focus on this important issue.

Mr Guckian assured members that the Internal Audit report on the management of complaint shad been shared with the Audit and Risk Assurance Committee, the Governance Committee and now the ITI Committee and that it would also be addressed through the Chief Executive's assurance meetings with each Directorate.

10/24/25

PEOPLE COMMITTEE

25.1 Minutes of Committee meeting held on 11 June 2024

Mrs Laird referred to the minutes of a Committee meeting held on 11 June 2024. She said a verbal update had previously been provided to members.

25.2 Verbal update from Committee meeting held on 10 September

Mrs Laird provided members with an update on the Committee meeting held on 10 September.

Mrs Laird advised that a standing item on the agenda is workforce and recruitment challenges. She said this meeting's Strategic Theme of 'Growing for the Future' provided an opportunity for a deep dive into a wide range of professional staffing areas in respect of the workforce and related recruitment challenges across a number of professions by examining innovative measures being taken to address these challenges by mitigating risks.

Mrs Laird referred to the Medical Workforce Workshop on 26 November 2024 and said it was hoped by that date the regional Medical Staffing Baseline Report would be available that would inform the Trust of the specific actions that can be taken to address ongoing challenges.

Members were advised that the allocation of doctors to the Trust has been included in the report to "ground clearing" this month. The Chair said he felt the current situation is intolerable and that it is essential that the Trust begins to see some progress on this critical issue. The Chair added that he would wish to record his acknowledgement of the Chief Executives consistent and consistent raising of this issue with the DOH at every opportunity afforded him.

Mrs Laird concluded her report by saying she was encouraged by the report on international recruitment and commended this.

10/24/26

ANY OTHER BUSINESS

There were no further items of business.

10/24/27

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 5 December 2024, at 11 am in Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

Dr T Frawley, CBE
Chair
5 December 2024