

Minutes of a meeting of the Western Health & Social Care Trust Board held remotely on Thursday, 7 May 2020 at 10.00 am

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Rev J McGaffin, Non-Executive Director
Prof H McKenna, Non-Executive Director
Dr J McPeake, Non-Executive Director
Dr C O'Mullan, Non-Executive Director

Dr C McDonnell, Medical Director
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services
Ms D Mahon, Executive Director of Social Work/Director of Women and Children's Services
Mrs G McKay, Director of Acute Services
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Mrs T Molloy, Director of Performance and Service Improvement
Mr N Guckian, Director of Finance, Contracting & ICT
Mr A Moore, Director of Strategic Capital Development
Mrs A McConnell, Director of Human Resources

IN ATTENDANCE Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive

The Chair welcomed everyone to the meeting and thanked HSL for providing ICT support in ensuring all members were able to connect.

The Chair shared some housekeeping for the meeting before moving to Confidential Business.

5/20/1

CONFIDENTIAL ITEMS

5/20/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed Tanya Fowles, BBC and Emma Ryan, Impartial Reporter, to the meeting who were also joining remotely. He thanked Helen Townsend of HSL for providing ICT support.

The Chair referred to a report of his business since the previous meeting.

- The Chair invited Rev McGaffin and Prof McKenna to introduce themselves to the Board focussing on the particular experience they bring to the Board as Non-Executive Directors.
- The Chair said he was very conscious that it was now a year since he joined the Board and that it had been a tremendous privilege getting to know the Chief Executive, her Executive Team and support staff, and becoming familiar with the different sites and services provided by the Western Trust.

He said when he was asked to take up the post as Chair of the Western Trust it was made clear to him that one of the important issues was the accumulated overspend position of the Trust. The Chair said he was glad that the Trust had made a tremendous start to its overall financial position and the Corporate Management Team had certainly focused very competently in that challenge.

- The Chair said he was delighted that as a Board we are now back to full complement as that this was a personal relief to him.
- The Chair reiterated his absolute and profound admiration for the manner in which the Chief Executive, Corporate Team and all staff in hospitals and in the community have worked during the pandemic.
- The Chair acknowledged the many people who had directly and indirectly turned in to support the Trust. He said the Trust had had the help of many volunteers and this week he wrote personally to a number of former experienced staff who had retired but who had come back to provide support in key areas in the front line and also in support roles. The Chair said there were others he was not aware of but who he would also like to thank in this context.
- The Chair referred to the massive challenge face by the Trust in respect of the provision for community beds in the event that the worst scenario was experienced during surge. He said the Trust quite rightly prepared for the worst and instigated discussions with local hotels in Derry and Enniskillen.

Happily as the numbers of those affected remained manageable within current bed supply and have now decreased, the Trust's need for provision has reduced and so we are able to redraw our plan. The Chair said that currently the Trust has provision in place with a local hotel but again the commitment in financial terms is reduced and very reasonable. The Chair said he had been kept abreast

with this important matter and that he valued what they had done and their foresight in this area.

- During the month the Chair said there were 2 briefings for MPs/ MLAs. He noted that these briefings had been long and challenging but generally had gone well and he hoped they had been helpful to our local representatives. Mr Curran, Communications, has acted as the Trust's single point of contact across the area and thanked him for his assistance in this respect.
- Concluding his report the Chair said that it was important to voice again on the Board's behalf heartfelt sympathy and deep regret to all those families who had lost loved ones. He said this had indeed been an awful crisis which had hit our world and said he wanted to thank our own members of the public who had acted responsibly. He said it should not be underestimated the extent to which the worst figures we could have been dealing with in this part of Ireland had not materialised and he believed it was in no small measure to the good sense of everyone in our communities.

5/20/3

APOLOGIES

There were no apologies received.

5/20/4

DECLARATION OF INTERESTS

Mr Campbell advised that he undertakes part time accounting work for a company who has diversified into PPE Equipment and who currently is contracting with NHS England and the Western Trust. He confirmed that he has not been part of the pricing or procurement process.

Prof McKenna advised that he currently chairs an organisation Inspire that has business with HSC Trusts. He said his tenure was to end in March but with the current situation his tenure has continued. He assured members that he would record this interest in his register of interest declaration.

5/20/5

MINUTES OF PREVIOUS MEETING – 5 MARCH 2020

The minutes of the previous meeting held on 5 March, having been previously distributed were proposed by Dr O'Mullan, seconded by Dr McPeake were carried unanimously by the Board as a true and accurate record of discussion.

5/20/6

MATTERS ARISING

There were no matters arising.

5/20/7

CHIEF EXECUTIVE'S REPORT AND UPDATE ON COVID19

Dr Kilgallen advised that before this morning's meeting she had the opportunity to meet with the new medical students who have started working with the Trust today.

Dr Kilgallen referred members to her update report and lead discussion though the significant detail. She said the report demonstrated the focus of work by the Corporate Management Team.

On behalf of the Board the Chair acknowledged the detailed report provided in a time of real pressure and thanked Dr Kilgallen for this.

The Chair invited members to raise any comments/questions on the content of the report.

Mr Hegarty said the level of detail within the report was phenomenal and detailed the range and scope of the work being carried out. He commended the CMT.

Rev McGaffin sought an update in respect of telemedicine and connecting with the community through a different format. Dr Kilgallen said the Trust was undertaking an analysis of patients' experience however she alluded to the virtual gestational diabetes clinic held last year and said this template was allowing the Trust to learn from patient feedback.

Dr O'Mullan commended the report and said its attention to children and young people was particularly very welcome.

Mrs Laird commended the Chief Executive and Corporate Team for doing extraordinary things at this time. She said the CMT was a group of highly skilled people and the Chief Executive's briefing provided a glimpse for the future and this was a very interesting approach on how services could be delivered into the future. She said the culture, values and equity shown during this time were to be commended. Mrs Laird said the challenge would be that when the Trust resumes to normal business how best the Trust Board can continue to support and translate all of the progress made into steady state. Mrs Laird suggested we return to this when the time is right and look at the continuity and the benefit for the future it can bring.

Dr Kilgallen thanked Mrs Laird for her comments and said the CMT would keep this to the front and centre of future discussions.

Dr McPeake reiterated the comments made by others. He referred to the residential care home sector and said he was concerned about what has been happening there. He asked if the Trust had done everything it could to support these colleagues.

Dr Kilgallen said the Trust cannot afford to be complacent with care homes and said that she was confident the Trust has supported the independent care sector. She said support has been offered in many guises which include twice weekly meetings with independent sector homes, providing a single point of contact and a forum where they feel they are listened to. Dr Kilgallen added that the Trust's PPE situation has become more predictable which has enabled the Trust to provide independent care homes with a 7day supply of PPE which is really important to them. She added that on 3 occasions there have been virtual consultations by a Consultant Geriatrician with residents to facilitate virtual ward rounds. In relation to Infection Prevention and Control while this is primarily the responsibility of the PHA and RQIA, the Trust has been able to mobilise online training to support homes. Dr Kilgallen said it is important that the Trust attends to the needs of vulnerable people and said she took considerable assurance from the work which the Trust has done to support them. Dr Kilgallen said there had been an issue with regard to staffing and the Trust has engaged significant effort to support homes.

Dr McPeake referred to the statistical data available with regard to infection and asked if the Trust should seek in a phased approach to reset services.

Dr Kilgallen referred to the work of the cardiology service and said services such as this have continued but what has happened is that people have been reluctant to come forward. She added that while this was changing there are steps the Trust needs to take to make things easier for people to engage with Trust services eg in mental health the Trust is setting up more virtual clinics. Dr Kilgallen said the Trust has also contracted with the North West Independent Hospital for some elective work. Dr Kilgallen said clinicians are thinking through how their services can be reset as they are concerned with the changed pattern of demand and the need for services to be provided differently in light of social distancing restrictions. In addition Dr Kilgallen said there are factors that we need to rebalance in respect of staff that have been redeployed, PPE, availability of drugs and said resetting services is more complex than it appears.

The Chair asked Ms Fowles and Ms Ryan if they would like to ask any questions.

Ms Fowles said she would like to congratulate the Chief Executive on her report and said she said it provided confidence and answers which were not being provided elsewhere.

Ms Ryan echoed Ms Fowles sentiment and thanked Dr Kilgallen for the information provided. She added that it was good to hear the level of detail and thanked members for the opportunity to attend the meeting.

5/20/8

EXECUTIVE ESSENTIAL UPDATES

8.1 Letter from Director of Corporate Management to ALBs re Sponsorship and Governance Activities - 20 April 2020

The Chair referred to a letter from the DoH regarding the above. He said the letter outlined a number of changes to governance and sponsorship activities which will be kept to a minimum until further notice.

It was noted that initial guidance on a revised annual report and accounts timetable was issued to Finance Directors on 3 April which advises that where possible original timescales for submission of both should be adhered to. However it is recognised that due to the current circumstances this may not be feasible.

8.2 Corporate Risk Register

Dr McDonnell referred to the Trust's Corporate Risk Register which has 29 risks as approved at Trust Board on 2 April 2020.

She shared with members a proposed change to risk ID3 – proposed grading change from high to extreme.

Dr McDonnell provided an update on the Covid Risk Register and the additional Committees and groups that have been set up to support the development of the Covid risk register. She said there will be learning from this which will be implemented.

Mr Campbell thanked Dr McDonnell for the update on Covid Risk Register and referred in particular to PPE. He said that given this is very high risk is the Trust satisfied that we are meeting demand and are we confident of supply into the future. Dr McDonnell assured Mr Campbell that there is a daily meeting that looks at the supply chain and in addition the Trust links into the daily region call. She said the Trust also has a group which meets weekly who looks at staff anxiety and Mr Guckian has done an enormous amount of work on modelling needs.

Mr Campbell referred to the Agenda for Change pay dispute and asked if this was fully resolved. Mrs McConnell advised that the Trust processed the pay award for year 3 successfully in April. She said there had been some issues arising from this by the trades unions in respect of unsocial hours and said the risk was lower as this is the only area that may be subject to further negotiation.

Mr Campbell asked if the pension issue for high earners had been resolved. It was noted that the issue affected the annual allowance for doctors and this had been resolved as the annual allowance has been increased to those who earn over £300k.

Following consideration of the proposed change to the Corporate Risk Register it was proposed by Mr Campbell, seconded by Mrs Laird and carried unanimously by the Board.

8.3 HR Issues

Mrs McConnell provided members with an update in respect of HR response during Covid19.

She advised that the HSC Workforce campaign had now closed and currently 1,608 applications were being processed across a range of staff groups including medical, nursing and support roles.

It was noted that 21 retirees had returned to the Trust and 13 Trust staff who were due to retire in the next 4 months have delayed their retirement date to support the Trust's Covid response.

Students from a range of professions have come onto the Trust's payroll including 25 social work students, 39 medical students, 144 nurse students and 40 final year medical students. It was noted that the student nurses will be offered permanent nursing posts when they qualify. In respect of the 40 final year medical students who started this week they will commence work on wards from 18 May following a comprehensive induction programme. They will stay in the Trust until July.

Mrs McConnell advised that HR have been involved in the development and promotion of the Trust's staff wellbeing programme through the TWIST West Wellbeing hub. She said a significant range of resources have been developed and added to this site and staff are strongly encouraged to avail of these.

Mrs McConnell briefed members on other work which has taken place which include:-

- Framework for managing a death in service
- Donations of food
- Chaplaincy
- Dedicated psychological support Helpline

Mrs McConnell also thanked the Trust's Communications Team for sharing messages promptly with staff.

Members were advised that accessibility to the Trust's health and wellbeing resources had been extended to include all HSC Staff including those within the Trust, local GP practices, Ambulance Service and the independent sector care homes.

Moving to Occupational Health Mrs McConnell advised that this service continued to provide advice to staff and managers via the Covid19 helpline with approximately 1,200 queries responded to date. Mrs McConnell said Occupational Health has also been instrumental in face fit testing and commended everyone involved in this process.

Mrs McConnell provided an update in respect of childcare provision, staff redeployment scheme and independent sector facilities.

Mrs McConnell commended trades unions for their engagement and said unions had engaged positively with the Trust. She said they continued to provide valuable feedback and challenge and had encouraged staff to cooperate with necessary changes.

Mrs McConnell referred to support provided for managers and said easily accessible guides have been developed to assist managers to work through the challenging workforce issues. She said FAQs are updated as guidance changes. Mrs McConnell noted that one of the areas where guidance changed was in respect of pregnant workers however when the Royal College of Obstetrics and Gynaecology updated its guidance we found that the Trust's initial risk assessment covered the new revised guidance. Mrs McConnell said that the Trust is working on guidance for BAME workers.

Mrs McConnell referred to the one minute silence where the Trust joined with trades unions colleagues and staff to pay tribute to the sacrifice made by so many NHS staff during the pandemic. She said trades unions and staff attended in various locations across the Trust and it was a very humbling event.

Concluding her report Mrs McConnell advised that 4.69% of staff are absent due to Covid symptoms, self-isolation, shielding or carrying out caring duties, not working.

Mr Hegarty thanked Mrs McConnell for her comprehensive report.

Prof McKenna asked in respect of staff being redeployed from their area of specialism was there any training provided. Mrs McConnell confirmed that staff had been redeployed depending on their skill sets the Trust sought to match them to relevant duties. She said however the Trust had to put additional staff in some of the Covid areas for example nursing and medical staff and training was provided by the Medical and Dental Education Centre and the Clinical Education Centre to ensure staff had the required skills. Within the community when a number of day centres closed these staff were moved into facilities to backfill for staff who had been shielding. She added that staff were moved from Altnagelvin Hospital and Waterside Hospital to support step down beds.

Dr O'Mullan referred to the specific work undertaken by doctors during this period and the process for returning these doctors to their original roles. She alluded to the positive experiences and said it was important we look at how we provide business better and try to share the learning and innovation moving forward.

Mr Campbell referred to the absence level for Covid19 and asked what the non-Covid absence level was. Mrs McConnell advised that at end of March the absence rate was 7.03%. She said that due to the additional staff that had returned to work, some of these had been used to backfill absences. The Chair asked if the Trust's general sickness absence position was above normal and Mrs McConnell advised no.

Members were advised that the Trust is monitoring absence due to Covid19 closely and if possible this cost will be assigned to Covid. Mrs Molloy added that the Trust has a requirement as part of Bronze and Silver sitrep to report the resilience of

services across the Trust. She said the Trust is very carefully scrutinising this information and escalating any issues to Health Silver.

Mrs Laird referred to the discussion about supporting staff and asked that this be discussed further at the next People Committee. Dr O'Mullan agreed and said she would add this to the agenda.

8.4 **Covid19 Finance Report**

Mr Guckian referred to his paper which had been previously distributed. He said his paper showed there were a range of costs in 2019/20 both direct and indirect and confirmed that the Trust has been fully funded for these.

Mr Guckian assured the Board that the Trust is closely monitoring costs of the pandemic and is in close communication with the DoH and HSCB. He said the Trust has a robust approach to the overall governance of the pandemic and he assured members that all Directorates are working with Finance colleagues to review and identify costs/commitments and to minimise costs where possible. Mr Guckian advised members that from 21 April a new Business Case approach has been introduced to ensure appropriate cover for all commitments.

Mr Guckian asked members to note that the Trust's use of PPE has increased by over 2,000% and prices have increased significantly also. He added that the Trust is working very closely with its supply chain to manage this and said he would keep members informed.

Mr Hegarty thanked Mr Guckian for his report and said he felt it was worth noting the proactive approach taken by the Trust in the financial analysis and reporting.

Mr Guckian was asked what plans the Trust thought it could have for the supply of PPE post Covid in supporting local production lines which the Trust can control better. Mr Guckian advised that he had spoken with the Head of Procurement for Northern Ireland in accessing local supply. He said that globalising the supply chain has minimised cost however this has led to major supply problems and has adversely affected local companies. Mr Guckian said the procurement rules do not allow the Trust to go off contract but said he felt that this needs to be reviewed to include local companies. Mr Guckian stressed that "local" will mean across the UK and Ireland and depending on Brexit across Europe. Mr Guckian said it is up to the Trust to engage with commerce now at the same time not compromising our public sector values and ensuring we are at arm's length from our suppliers.

Mr Hegarty referred to PPE and said it is important to find reusable alternatives given the volume that is being used. He said the long term impact on our environment needs to be considered.

Rev McGaffin referred to the disposal of single use items and asked if the Trust had any issues in the disposal of its clinical waste. Mrs Molloy advised that clinical waste is a function of the facilities management waste disposal team and said it has been under pressure however there are no significant issues that have been escalated.

She said however the Trust needs to consider its strategy for moving forward with single use item.

8.5 **Performance Report**

Mrs Molloy referred to her paper and asked members to note the impact of Covid19 on areas of operation and the position on key areas as 2019/20 comes to a close.

Commencing with unscheduled care, Mrs Molloy advised that attendances at both acute hospitals EDs fell dramatically from mid-March however attendances had begun to rise again towards the end of April. She said that Altnagelvin attendances fell from a normal range of 180-200 per day to less than 100 per day at a point. SWAH fell similarly from around 100 per day to around 50/60 per day.

Mrs Molloy advised that conversion to hospital admission rates remained stable and in line with previous norms which meant that far fewer numbers of patients were admitted to inpatient care enabling the Trust to have a much reduced bed occupancy in preparation for surge.

Although attendance reduced significantly timely admission from ED remained a challenge. Both the 4 hour and 12 hour performance had already fallen significantly in 19/20 and the cumulative 4 hour performance was 63%.

Members were advised that some normal admission pathways were displaced in March/April due to Covid surge preparations as assessment areas were converted to Covid+ inpatient areas.

Moving to elective care, Mrs Molloy advised that there was a considerable impact on the delivery of routine elective work due to the industrial action which ran from late November 2019 until the first week of January. She said over this period decisions were made to cancel a range of activities in order to maintain safe services particularly on days when multiple unions undertook strike action.

Mrs Molloy said that Minister announced on 23 March that many areas of routine planned care would be stood down to prepare for Covid surge. This resulted in a considerable drop in planned assessments and treatments delivered and many elective services operated at a much reduced activity level in March and April as staff were redeployed to support surge rotas in ICU and Covid+ inpatient wards.

Members were advised that the Trust commenced an intensive use of "virtual" clinics with patients to enable outpatient assessments and reviews to continue where possible. However as of 27 April there were some 23,215 patients who had their outpatient appointment cancelled and 1,632 patients who had their inpatient or day case treatment cancelled due to Covid. It was noted that this included both cancellations by hospital due to Covid hospital pressures or patients who cancelled due to Covid fears.

Mrs Molloy assured members however that services focussed on continuation of assessment of red flag and urgent referrals and the treatment of red flag and clinically urgent patients.

Mrs Molloy advised that GP referrals fell very considerably across March and particularly in April 2020. She said it is not yet known how this will change in the coming weeks but the changed pattern of outpatient referrals, combined with the very significant increase in virtual outpatient activity, had meant that overall the number of patients waiting more than 9 weeks for outpatient assessments and reviews grew between April and November by around 4,500 but only grew by a further 500 in the final months of the year.

Mrs Molloy said conversely the gradual climb in inpatient/day case patients waiting more than 13 weeks from April to November 2019 showed a step change from December 2019 and numbers of patients waiting had climbed rapidly since. She said this showed the impact of normal reduced booking over the winter, industrial action in December and then Covid related cancellations from March onward.

Continuing with cancer screening services, Mrs Molly advised that the access to 14 day breast assessment and 31 day treatment target remained excellent throughout the year and ended the year at 99.9% and 99% respectively.

Mrs Molloy added that performance against the 62 day cancer target completed the year at 60%. She said during 2019/20 out of 791.5 patients treated, 384 patients waited longer than 62 days for their first definitive treatment.

Mrs Molloy referred to diagnostic delivery and said this has been impacted by both industrial action and Covid cancellations. In particular a plan to recover MRI performance had been badly affected.

With the exception of Occupational Therapy, Mrs Molloy noted that all AHP areas worsened over this year. She said as part of decisions to downturn planned activity due to Covid, urgent/essential AHP appointments were either delivered on a clinic or domiciliary visit basis. Mrs Molloy noted that part of the reset of these services would include consideration to the configuration of service delivery into the future.

Referring to mental health services members were advised that improvement had been achieved during this year with the establishment of the Primary Care MDT triage, waiting list review and 6 week overtime clinics. Mrs Molloy said the actions within Primary Care Teams had enabled improvement with the number of patients waiting more than 9 weeks reducing significantly from April 2019 to March 2020. Mrs Molloy said mental health services would become more important as we see the impact of the pandemic on our population in the fullness of time.

Concluding her report Mrs Molloy referred to the programme of multi-agency work which focussed on supporting vulnerable and isolated people (VIPs) in our communities including “shielding” patients identified by GPs. Mrs Molloy said this had required close working with statutory, voluntary and community partners and across our Health Improvement and Social Work teams in this community

mobilisation approach. Mrs Molloy said moving forward this work has provided an opportunity for the Trust to rethink where need exists most.

Mr Hegarty said it was tremendous to see the learning from the pandemic that will help the Trust as it moves forward. He said he had significant concerns about waiting lists and what the Trust is facing as we move through this.

Mrs Molloy said the Trust will undertake an impact assessment across all our services and will need to test new approaches to assessment and care delivery to support recovery of the impact the pandemic and some services would change into the longer term based on learning and the introduction of new ways of working which are needed in a Covid environment.

5/20/9

ANY OTHER BUSINESS

Mrs Laird disconnected from the meeting at this point due to another commitment.

Prof McKenna referred Rev McGaffin's and his membership on the Trust's Hospital and Community Ethics Committee and advised that he had also been asked to join the regional Ethics Committee. Prof McKenna said he was very impressed by the Trust's Committee and its leadership.

Prof McKenna referred to the regional group and said there had been weekly meetings for the past month dealing with issues including anticipatory and advance care planning; visiting; transfer of patients; clinical decision making in respect of high demand and scarce resources. He said this work was still very important for any future disruption.

Rev McGaffin said there have been 6 meetings to date of the Trust Committee with relevant invitees. She said there had been a good skill mix with the addition of staff in attendance from across acute and community and a lay person in attendance.

Rev McGaffin commended the Trust's Committee and said that it has been very focussed on the work to be done in respect of training and communications and said the Trust's Committee was well ahead of the region discussing issues such as ventilation; decision making, visiting and spiritual care.

Verification of Life Extinct Policy

Dr Brown referred members to the Verification of Life Extinct Policy which has been extended to include an addendum as a result of a letter from the DoH on 24 April 2020. He said the joint letter issued by the PHA and the HSCB indicated its intention to build capacity into the health care system during the Covid19 pandemic with regards to verification of life extinct.

Dr Brown said in practice this meant that there is an extension to the circumstances in which a verifier can verify deaths. He said the addendum was only applicable for the duration of the Covid19 pandemic.

Members were advised that the Clinical Education Centre will issue updated training material to staff that have been trained within the last few months on VoLE within both acute and community.

The revised policy was proposed by Mr Hegarty, seconded by Rev McGaffin and unanimously supported by the Board.

The Chairman concluded the meeting and said as Chair he was profoundly proud of the Trust for having maintained governance arrangements during this time. He said the Trust had kept to its Board meetings and said while it was difficult the Trust had maintained its duty to the population of the Western Trust.

5/20/10

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 11 June 2020 at 10 am.

Mr Sam Pollock
Chair
11 June 2020