

Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Thursday, 4 November 2021

PRESENT

Mr S Pollock, Chair
Mr N Guckian, Chief Executive

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

Dr C McDonnell, Medical Director
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services
Mr T Cassidy, Interim Executive Director of Social Work/Director of Women and Children's Services
Ms K O'Brien, Director of Adult Mental Health and Disability Services
Mrs G McKay, Director of Acute Services
Mrs T Molloy, Director of Performance and Service Improvement
Mrs K Hargan, Director of Human Resources & Organisational Development
Ms E McCauley, Acting Director of Finance

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

10/21/1

CONFIDENTIAL ITEMS

10/21/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the November Trust Board meeting. He said he particularly wanted to welcome those members of the public and media present and asked any enquiries are raised with Mr Kelly following the meeting.

The Chair thanked Mr Cassidy for being Interim Director of Women and Children's Services and said Ms Mahon would return from her secondment shortly.

The Chair welcomed Ms McCauley who is Acting Director of Finance.

The Chair referred to business since the last meeting.

- On 13 October the Chair said he was delighted to host the Lord Lieutenant of the County Borough of Londonderry to plant an Oak Tree in the grounds of Altnagelvin Hospital. He said the tree-planting ceremony was arranged to mark the start of the Queen's Green Canopy (QGC) initiative locally - a project created to celebrate Her Majesty's upcoming Platinum Jubilee in 2022. The Chair said during the short ceremony Dr Garvey paid tribute to the work and commitment of staff during the pandemic.
- On Monday, 1 November the Chair and Non-Executives attended Level 2 Mental Capacity Act training facilitated by Dr Linda Clarke, Clinical Lead, and Cathy Muldoon, Mental Capacity Act Implementation Officer. The Chair said this training was very good and set out in detail the key procedures and associated forms which should be taken in providing protection for those who must be detained under the Mental Capacity Act.
- The Chair brought to members' attention the virtual Annual Quality Improvement and Innovation Showcase Event taking place on Friday, 12 November 2021. The Chair said the event would showcase again a number of Quality Improvement projects and examples of innovation that have taken place during the past year.

10/21/3

CHIEF EXECUTIVE'S REPORT

Mr Guckian provided members with an update on a number of key issues including the Launch of the "*See Something Say Something*" Adult Safeguarding campaign. He said the campaign aimed to increase awareness of adults at risk of abuse and in need of protection, increase awareness of the types of abuse and increase staff and public awareness of how to make a referral through the Trust's Adult Safeguarding Team when a concern is raised.

Continuing Mr Guckian alluded to the unprecedented pressure across a range of services. He said in acute hospital services this was due to a combination of Covid patients, increased delayed discharges due to capacity/workforce issues in community services, and demand levels. He advised that on Tuesday, 2 November 2021, Altnagelvin Hospital had 37 Covid patients and 44 patients in the Emergency Department with Decisions to Admit but no bed available. At South West Acute Hospital, it had 30 Covid patients with 20 patients with delayed admission. In addition, Mr Guckian advised that Family and Childcare social work services were also under extreme pressure due to staff vacancies, Covid absence and general

sickness and said this was impinging on the Trust's ability to deliver vital delegated statutory functions.

Mr Guckian said across a wide range of services the Trust was struggling to maintain activity due to workforce shortages. He apologised to all patients and clients who had experienced delays in service recently and said this was not the standard the Trust wished to deliver. Mr Guckian also thanked staff across all programmes for their continued commitment and reminded everyone of the support available should staff be struggling in any way.

Mr Guckian said he was delighted that the Trust won the Health Care People Management Association National Award 2021 in the Category of "Excellence in Organisational Development" for the Trust-wide Safety Network managed through Project ECHO under the auspices of the Working Safely Together Group. He offered congratulations to Mrs Joanne Quinn, Assistant Director Facilities Management, and Mrs Riona Santiago, Assistant Director Human Resources, who had led this work.

Mr Guckian advised that in recent weeks there had been significant workforce resilience issues among domiciliary care providers due to a combination of factors including staff sickness, difficulty in replacing leavers, increased care demand levels and the challenge in some rural and urban areas to meet client requirements. He added that over the last week the Trust had been undertaking business contingency oversight meetings with a number of providers and the Trust would continue to review the position on a daily basis. He also advised that in the last week a number of clients had reduced care due to staffing pressures across the Trust geography.

Concluding his report, Mr Guckian said the Trust continued with the rollout of the vaccination programme including Covid and Flu in a number of key work streams. Mr Guckian also thanked Mr Cassidy and Mr Quigley for their acting positions in recent months and wished Ms McCauley well in her new role.

The Chair thanked Mr Guckian for his very informative report. He said he was very conscious of the unprecedented pressures staff are under both in hospital and community services and said members were in no doubt of the pressure staff will continue to be under as we progress into the winter period.

Dr McPeake referred to the vaccination programme and said he was disappointed that uptake of the vaccination and booster programmes was less than anywhere in the UK. He sought an assurance that this had nothing to do with supply of vaccine. Mr Guckian said his understanding was that it was not and said he expected the numbers that are vaccinated to increase in the coming weeks as the programme continues to be rolled out.

10/21/4

APOLOGIES

Apologies were received from Mrs Laird, Non-Executive Director.

10/21/5

DECLARATION OF INTERESTS

No declarations of interest were expressed.

10/21/6

MINUTES OF PREVIOUS MEETING – 7 OCTOBER 2021

The minutes of the previous meeting held on 7 October were proposed by Mr Hegarty, seconded by Dr McPeake and carried by the Board as a true and accurate record of discussion.

10/21/7

MATTERS ARISING

There were no matters arising.

10/21/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell referred members to the Corporate Risk Register and Board Assurance Framework as approved at Trust Board on 7 October.

Dr McDonnell shared with members a proposed new corporate risk ID1334 regarding the sustainability of surgical services in the South Sector of the Trust. Following consideration members approved the inclusion of this risk to the corporate register.

Members noted a review of indicators in respect of Covid risk ID 1213 and Rebuild risk 1316 and noted that Mr Quigley has been listed as the Responsible Director for Risks ID49, ID955, ID075 and ID1236.

Dr McDonnell confirmed that all risks had been reviewed within the last quarter and said there was 1 risk ID1320 which had actions overdue which require updating.

Concluding her report Dr McDonnell referred members to an update on outstanding actions as agreed following the Trust Board workshop.

10/21/9

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell referred members to an update since the last meeting. She said there were 2 areas which she would like to draw members' attention to.

First, Dr McDonnell said the IPC Team continued to be significantly involved with the management of any suspected or confirmed cases of Covid19, the continued development of Covid pathways, contact tracing and processes and outbreak management. She referred to PPE Safety Officers who were officially launched in June 2020 and said their role is to help improve safe and effective use of PPE across all disciplines and provide assurance to colleagues in their own wards and departments. She said there was a great response to the appeal for volunteers and there were currently 549 PPE Safety Officers from across 8 staff groups, 150 of whom having been nominated within the last 4 months. Dr McDonnell said a training session had taken place and further additional dates were being planned.

Secondly, Dr McDonnell referred to water safety arrangements within the Trust. She said water testing continued throughout key facilities owned by the Trust and a range of mitigating actions were in place. Members were advised that the Trust's Water Safety Group is responsible for ensuring the Trust's water systems are safe for all patients, staff and visitors at point of use and Dr McDonnell assured members that the Water Safety Group had a robust process in place to monitor all water sampling results.

Mr Guckian paid tribute to the IPC Team and said through his chairing of Silver during the first part of the pandemic, he knew first-hand the team had provided fantastic leadership to the Trust.

Canon Rev McGaffin referred to hand hygiene statistics and non-return areas and asked Dr McDonnell to share with members at the next Board meeting those areas that are non compliant.

Dr Brown advised that through the Chief Executive HCAI Assurance Forum it had asked for some work on hand hygiene compliance to be undertaken and said this would give the opportunity to focus on areas that need attention. He said that during the past 20 months the ability to maintain a resilient audit programme had been challenging however a piece of work was being undertaken with ward managers to support them in this area. Dr Brown said this work in addition to Dr McDonnell's assurance would bring an overall assurance to this area.

Dr McPeake paid tribute to all the work undertaken in respect of water safety. He said he appreciated the effort that had been put into this area of work and the innovation employed. He also acknowledged the good work of the Trust in respect of *C. difficile* and reinforced the good work the IPC Team has been doing.

10/21/10

QUALITY IMPROVEMENT MONITORING – NEWS

Dr Brown referred to the quarterly Quality Improvement Monitoring Report in respect of National Early Warning Scores (NEWS). He said he was pleased to report that the Trust had a 90% compliance overall which was an excellent position. He assured members that there was a rolling programme of compliance checks. Dr Brown advised that some wards continued to pilot NEWS2, an updated chart from the Royal College of Physicians.

Referring to the statistical information within the report Dr Brown reported that some wards had variable performance. He said he could conclude that there are a number of wards contending with challenges of demand and their responsibility because of Covid. Dr Brown assured members that these wards were being closely monitored.

The Chair commended the excellent compliance within the report.

10/21/11

POLICIES - CHAPERONING POLICY

Dr McDonnell commended a revised Chaperoning Policy within papers for members' approval.

Following consideration the policy was proposed by Prof McKenna, seconded by Canon Rev McGaffin and approved by members.

10/21/12

FINANCIAL PERFORMANCE REPORT FOR MONTH 6

Ms McCauley referred members to the Trust's financial performance report for month ending September 2021.

Ms McCauley advised that at month 6, the Trust was reporting a deficit of £20.9m, of which £5.8m related to Transformation projects (£0.4m) and Covid19 (£5.4m). She added that the Trust's projected deficit for the year had been revised to £49m (£33m core deficit and £16m Covid19 deficit), with the core deficit being reduced by £5.2m to account for further income from HSCB. Members were advised that the Trust's Covid deficit had reduced by £2.8m after taking into account funding allocated and revised projected expenditure.

Ms McCauley advised that the HSCB was awaiting the outcome of the October monitoring bid.

Members were advised that the Trust's Control Total for 2021/22 has been confirmed at £12m.

Ms McCauley reported that Trust Recovery Plan Workstreams, which were delayed in 21/22 due to the Covid19 Pandemic, are operational again. She also advised that the Trust paid 93.7% of its undisputed invoices with suppliers within 30 days, at 30 September 2021.

Concluding her report, Ms McCauley advised that the Trust had progressed its work on a mid-year review of projections but until the outcome of the October monitoring was known this exercise could not be completed but it was anticipated that it would be completed for month 7.

Mr Campbell asked if the Trust was confident that the October monitoring would cover all Covid costs in respect of past and future expenditure. Ms McCauley said Covid continued to be a high priority for the DoH and the Trust was confident the DoH would secure significant funding from the October monitoring. She added that Trust expenditure is based on historic spend and the Trust was therefore confident that it had costed Covid expenditure accurately. She also assured members that the Trust monitored spend very closely but that until the Trust had its discussions with the HSCB it could not be sure what funding it would receive. Ms McCauley cautioned that the Trust did not believe the HSCB would fund all of the Trust's financial challenges.

10/21/13

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy advised that the Trust's integrated winter and surge delivery plan and activity projections had been published by the DoH setting out the actions the Western Trust will take during October – December and beyond to respond to the increased pressures that occur during the winter 21/22 and any further Covid Surge. She said today she would be concentrating on the Trust's phase 6 plan and Trust performance July, August and September.

Mrs Molloy said the report today was as of September which had seen a 4th peak in Covid infections. She said there were 65 patients in Altnagelvin Hospital and 41 in South West Acute Hospital with Covid. During this period she said the Trust also saw outbreaks in our community and paediatrics and saw significant increase in children presenting with bronchiolitis and RSV. Mrs Molloy advised that despite these pressures across Phase 6 the Trust had met or exceeded its predictions with a few exceptions. She said within her report each section provided the demand against September 2019 and our activity levels.

Mrs Molloy provided members with an update on cancer care and elective care. She referred to cancellations during July – September and advised that all of these cancellations had now been rebooked. Turning to unscheduled care, Mrs Molloy advised that regionally, the Trust had the lowest number of 12 hour breaches and was working hard to ensure patients are seen as quickly as possible and either

admitted or discharged. Mrs Molloy continued to update members on community services, domiciliary care and children's autism service.

Dr McPeake referred to the comparative table on page 7 and felt it gave a useful insight. He said it was important that members did not forget that service performance across all of Northern Ireland was mediocre. He added that as a body the Trusts in Northern Ireland are delivering short of the targets and that long term there is a need for the health service to be better resourced to deal with the issues it is facing.

Mr Hegarty reflected that the comparative table demonstrated that all Trusts are experiencing similar challenges. He referred to the 89 patients that did not meet the 62 day cancer target and said it was planned they would be seen soon. Mr Hegarty commended the depth of information provided. He said England was now seeing waiting list challenges for the first time and that the current situation was giving Trusts the opportunity to review long waiting lists.

Prof McKenna referred to dementia services and asked how this service could be enhanced. Mrs Molloy advised that the Trust has had ongoing challenges in respect of this workforce however the Trust had been making changes in respect of memory nurses which tended to be the challenge in this service.

Dr Brown referred to the regional comparative figures in relation to dementia services and said the Trust was seeing more people coming forward for assessment. He added that the Trust's dementia team was managing the risks daily and adopting ways to maximise attendance at clinics. Mrs Molloy added that Trusts have been asked to develop a recovery plan for this service and said Trusts would be investing in workforce. Mrs Molloy suggested this is discussed further at Finance and Performance Committee. Prof McKenna said 815k people have dementia with a prediction that there will be over 1m by 2025 which demonstrates this issue is not going away.

Mr Campbell referred to waiting list initiative funding and asked was the Trust fully utilising this to address inpatient waiting lists and outpatients waiting greater than 52 weeks. Mrs Molloy said the Trust had received £12.5m in respect of waiting list initiative and that a robust monitoring process had been set up internally and she could confirm expenditure was on track. She said in relation to Independent Sector work all Trusts work as a system with the HSCB so that all patients have equitable access.

Mr Hegarty sympathised with Mr Campbell's question and said at the Finance and Performance Committee meeting this week he had asked for some analysis to show what the WLI funding will buy and what will be the reduction in the numbers waiting. He said this should provide the Board with reassurance and knowledge of what this means to the overall picture of those waiting.

10/21/14

WESTERN TRUST SERVICE DELIVERY PLAN INCLUDING RESILIENCE PLAN TO ADDRESS WINTER PRESSURES AND ANY SUBSEQUENT WAVES IN COVID-19 PANDEMIC

Mrs Molloy referred to the Minister's statement of 22 October releasing all 5 Trusts winter and surge delivery plans. She said that each Trust had a very robust process to prepare its Plan which were all approved following scrutiny by RMB. She said the Plans covered an integrated approach to winter, surge and regional priorities and said it was important to acknowledge that there are planning principles set out in the Plan on the basis of modelling for projections. She added that the Trust's Plan tried to summarise the challenges and said key to these challenges is workforce.

Mrs Molloy referred to Section 6-8 which cover the actions the Trust will take over the Covid surge that is anticipated and said in these sections the Trust had provided responses to questions that have been set for us.

Prof McKenna thanked Mrs Molloy for her comprehensive report and sought an update on No More Silos. Mrs Molloy advised that there had been funding issues and as a result the Trust had been required to modify its programme. Mrs McKay explained that the Trust's focus and concentration has been on the "front door" and avoiding admissions and therefore the Ambulatory Care Unit had been the main focus. She added that the Hospital at Home service was essential in the Southern Sector to keep people out of hospital. Referring to the Phone First initiative, Mrs McKay said that while this was a good initiative over the next couple of weeks the Trust would be continuing discussions on how it will restream this initiative. Mrs McKay said the Trust expects to receive an allocation mid-November for other initiatives.

10/21/15

ANNUAL REPORT FOR EQUALITY COMMISSION FOR NORTHERN IRELAND

Mrs Molloy referred members to the Trust's Annual Equality Progress Report 20/21. She reminded members that public authorities are required by the Equality Commission to submit an Annual Equality Progress Report. Mrs Molloy said the content of this annual equality progress report evidenced that there had 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 (EAP) and Disability Action Plan (DAP).

Mrs Molloy advised that the annual report was accompanied by a number of Appendices – Progress Report, Year 3, Regional Equality Action Plan; Progress Report, Year 3, Regional Disability Action Plan; Progress on the Trust's Local Equality and Disability Action Plan and the Trust's Interpreting Statistics 2020 – 2021.

The Chair thanked Mrs Molloy for an excellent report and commended it to the media for reading.

Following consideration the Annual Report was proposed by Canon Rev McGaffin, seconded by Prof McKenna, and unanimously approved by members.

10/21/16

ANNUAL QUALITY REPORT

Dr McDonnell referred members to the Trust's Annual Quality Report 2020/21. She said the report was compiled using a regional minimum dataset and format to ensure consistency across the region and reflected on some of the quality improvement work undertaken throughout the year. In addition the report outlined the challenges which had arisen due to the COVID19 pandemic and associated learning.

Dr McDonnell said the report also outlined the work plan for 2021/22 whereby the Trust will focus on quality using improvement science to move forward with key priorities of Transformation, Financial Recovery, Quality and Safety of Care, Pathfinder project and the Rebuild of Services following the COVID-19 emergency.

Dr McPeake confirmed that the Annual Report had been shared with Governance Committee at its last meeting on 29 September and the Committee was impressed by its detail.

The Chair commended the Chief Executive and the corporate team for the work outlined within the report.

10/21/17

SUB COMMITTEE REPORTS

1. Finance and Performance Committee – Minutes of meeting held on 5 October

Members noted the minutes of 5 October.

Mr Hegarty highlighted the increase in waiting lists. He referred to the work of the medical workforce and nurse stabilisation projects and said if spend in these areas was up 13% and is amber, what percentage moves spend to red. Ms McCauley said that we are in extraordinary times however if spend moves to 15% it would be given a red status. Ms McCauley said she would look at the 2 projects to determine the goal of the projects and put this into context.

2. Governance Committee

2.1 Minutes of meeting held on 23 June 2021

Dr McPeake asked members to note the minutes of the Governance Committee held on 23 June. He said he briefed members at July Board meeting of the issues raised.

2.2 Update on meeting held on 29 September

Dr McPeake referred to this meeting and said while the Committee scrutinises key pressure areas within the Trust it also gets to be advised of innovative projects being developed by staff to improve patient and client care. He referred specifically to a new service model for tonsillectomies on a day case basis and working groups for nutrition, age appropriate care and ventilation.

3 Audit and Risk Assurance Committee – Verbal update from meeting held on 11 October 2021

Mr Campbell referred members to the minutes of the Audit and Risk Assurance Committee which were formally adopted at next Committee meeting in February, post his departure.

Mr Campbell referred to the business discussed at the Committee meeting which included 5 Internal Audit reports, 4 of received satisfactory assurance and 1 that received limited assurance. He said in respect of this report Mrs Molloy provided an update however he said the Committee was disappointed and there were a number of areas that required to be addressed. Mr Campbell said there appeared to be 2 main issues which the Committee felt the Governance Committee should consider.

Mr Campbell referred to Internal Audit Mid-year follow up and said of the 278 recommendations, 211 had been fully implemented; 60 were partially implemented and 7 had not been implemented. He said this performance gave the Committee significant assurance. He also commended the Women and Children Directorate and Medical Directorate who showed a marked improvement throughout the year on their assurance percentages.

Continuing Mr Campbell referred to the Trust's mid-year assurance statement 21/22.

Mr Campbell referred to an update in respect of whistleblowing and said consideration needs to be given to the most appropriate Committee to look at this. The Chair said he would consider this and report back.

Mr Campbell advised that in response to identified training needs of the NEDs on the Audit and Risk Assurance Committee, the Committee received a presentation on financial assessments delivered by Mr Flanagan and Ms Devenney.

Mr Campbell said finally this meeting had been his last meeting as Committee Chair and he thanked everyone who supported him during his Chairmanship. He

welcomed Mr Hegarty moving to chair the Committee and he wished him well in his new role. Mr Campbell commended the support from the External Auditors and said the Trust's Audit and Risk Assurance Committee was a well-functioning Committee.

The Chair thanked Mr Campbell for his report and thanked him for his leadership of the Committee under his chairmanship.

10/21/18

ANY OTHER BUSINESS

There were no further business.

The Chair concluded the meeting by thanking everyone for joining the meeting today. He acknowledged the work of staff and reflected on what the next few months will bring. He asked everyone not to disrespect Covid and reminded people of the continued need for IPC and social distancing.

10/21/19

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 2 December 2021 at 11 am.

Mr S Pollock
2 December 2021