

**Minutes of meeting held on the Western Health & Social Care Trust Board to be held on Thursday, 7 July 2022**

**PRESENT**

Mr S Pollock, Chair  
Mr N Guckian, Chief Executive

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

Mrs D Keenan, Interim 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  
Mrs G McKay, Director of Acute Services  
Ms K O'Brien, Director of Adult Mental Health and Disability  
Ms E McCauley, Acting Director of Finance & ICT  
Mrs K Hargan, Director of Human Resources & Organisational Development

**IN ATTENDANCE**

Dr M O'Neill, Assistant Director of Performance  
Mr S McCaul, Assistant Director Quality & Safety  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Executive Officer to Chief Executive

7/22/1

**CONFIDENTIAL ITEMS**

7/22/2

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the July Board meeting including members of the press. He asked that any questions be directed to Mr Kelly following the meeting. The Chair referred to a report of business since the last meeting.

- The Chair formally welcomed Dr Lavery to the Board as the new Medical Director but said unfortunately he was unable to join the meeting today. On behalf of members, he wished Dr Lavery well in his new role.

- Following the last Board meeting, the Chair advised that Canon Rev McGaffin, Ms McCauley and he visited the Labs at Altnagelvin Hospital as part of Biomedical Science day. He said they were given an excellent tour and met many impressive staff during the visit and added that the volume of demand and standards of technical expertise were very much evident from teams who understood the importance of their role in the organisation and who can be easily overlooked for the critical role they play in support of front-line services. The Chair said he was so impressed that he will invite 2 members of the team to attend Trust Board to talk about their experiences in the labs and working for the Trust.
- On 27 June the Chair said he was delighted to take part in an event to celebrate the 10<sup>th</sup> anniversary of the South West Acute Hospital. He said he was particularly pleased to welcome Mrs Clarke whose daughter Kirsty presented her Majesty the Queen with a posy of flowers at the official opening in June 2012. He said sadly Kirsty had passed away suddenly in January 2017, at just 18 years old and that while he was not Chair at the time, it was important for him to remember Kirsty as staff came together to celebrate.
- On 1 July the Chair was pleased to take part in another series of MLA briefings. He said discussion had taken place on a range of issues including reset and rebuild, surgical services, Child and Adolescent Mental health services and Neonatal Services.
- On 6 July the Chair and Chief Executive attended a Partnership Agreement workshop organised by the Department of Health to discuss a new approach to sponsor Department Arms' Length Body relationships with the DoH.

7/22/3

### **CHIEF EXECUTIVE'S REPORT**

Mr Guckian referred to a report of his business since the last meeting.

- Mr Guckian said the Trust continued to experience high levels of demand across many programmes, highlighting continued pressure on Emergency Departments. He said at the start of the week EDs had seen a high numbers of patients waiting for a bed which had been caused by many factors including high demand, significant increase in Covid19 cases, Covid19 outbreaks and delays in discharge due to Covid19 and other issues. He added that the extra pressure on beds was hindering the Trust's ability to return the Covid ward to elective activity which was significantly impacting on the Trust's Rebuild Programme.
- Mr Guckian advised members that as of 1 July 2022, the Western Trust had taken over responsibility for the contract for GPs services in the Dromore/Trillick

practice. He said the Trust was doing all it can to sustain services for the practice and acknowledged all the work that has been ongoing in recent weeks, within the Trust and with SPPG (GP Unit) to facilitate this transfer. He added that the DoH has agreed to fund additional costs to the Trust.

- Mr Guckian advised that the Minister has released a report from the Regional Review of General Surgery, with particular emphasis on Emergency Surgery. He said this report included the development of standards for the provision of emergency surgery and that the Trust has already established a general surgery review with a view to developing Trust-wide services focusing on patient outcomes. Mr Guckian said the Trust would reflect on the report in its analysis and cross reference our work.
- Mr Guckian said the Trust held a range of events to celebrate the significant anniversaries for both the South West Acute Hospital (10 years) and Omagh Hospital and Primary Care Complex (5 years) during the month. He said the Trust was able to use both events to engage with a range of stakeholders and celebrate the success of all services delivered by so many staff since opening.
- Since the last meeting Mr Guckian referred to the appointment of Dr Brendan Lavery as Medical Director and Ms McCauley, as substantive Director of Finance.

7/22/4

### **APOLOGIES**

Apologies were received from Dr Lavery, Medical Director, and Mrs Molloy, Director of Performance and Service Improvement.

7/22/5

### **DECLARATION OF INTERESTS**

There were no declarations of interest expressed.

7/22/6

### **MINUTES OF PREVIOUS MEETING – 9 JUNE 2022**

The minutes of the previous meeting held on 9 June were proposed by Canon Rev McGaffin, seconded by Dr McPeake and approved by the Board as a true and accurate record of discussion.

7/22/7

**MATTERS ARISING**

There were no matters arising.

7/22/8

**CORPORATE RISK REGISTER AND ASSURANCE FRAMEWORK**

The Chair welcomed Mr McCaul to the meeting.

Mr McCaul referred members to the Corporate Risk Register and Assurance Framework and highlighted that there were 21 risks as approved at Trust Board on 9 June.

Mr McCaul shared with members a proposal to regrade risk ID1183 from extreme to high in respect of the Mental Capacity Act. He also recommended that the current risk grading be reduced to moderate, and with likelihood unchanged. He said this recommendation would reduce the current risk rating to 15.

Ms O'Brien said the Board was well aware of the work undertaken to date in implementing the Mental Capacity Act and of the progress that has been sustained. She said that she fully supported the recommendation to reduce the rating and that she anticipated that over the next 6 months to a further reduction overall.

Mrs Laird commended Ms O'Brien on the progress made within the Trust in implementing the Act.

Following consideration members unanimously approved the recommendation as outlined above.

Mr McCaul advised members that all risks had been reviewed in the last quarter and there were no risks with outstanding actions at date of reporting.

Mr McCaul continued to share with members the list of outstanding actions as agreed following the Trust Board workshop. He added that these actions were being progressed through the normal Corporate Management Team/Trust Board approval process and an update on progress is within members' briefing paper.

Mr McCaul referred to risk ID3 and confirmed that this risk was currently being reviewed and assessed. He said this was a significant piece of work and would be reviewed at Trust Board in 1 year. Mr McCaul advised that risk ID1213 would be reviewed in conjunction with risk ID 1316 service rebuild. Mr McCaul said work was ongoing in respect of risk ID1216.

Mr McCaul referred members to the risk summary table and actions which had been updated and reviewed in the last 3 months. Mr McCaul advised that a deep dive had been undertaken on risk ID1338 and presented to the Governance Committee the previous week.

Mr Guckian thanked Mr McCaul for joining the meeting and for all his hard work in this area.

7/22/9

### **ENVIRONMENTAL CLEANLINESS REPORT**

This item was deferred to a future meeting.

7/22/10

### **PERFORMANCE MANAGEMENT INFORMATION**

The Chair welcomed Dr O'Neill who was attending on behalf of Mrs Molloy.

Dr O'Neill referred members to 2 reports and associated dashboards and said she would concentrate discussion today on the outturn report to the May 2022 projected figures. She added that she would share with members a new process to return to pre-pandemic levels for the remaining 9 months of delivery.

Dr O'Neill said at the last Board meeting members received a full year report against the quarterly rebuild plans, focussing incrementally on increasing the delivery of activity across all services. She said the report continued to give members performance analysis for May 2022 outturn against the projections for Phase 9.

Dr O'Neill said the tables in pages 5-7 of her report covered all of the services where the Trust was required to monitor delivery. Turning to that table and looking specifically at delivery against predictions and against 19/20 baseline, she advised that hospital services had met all areas of their plan with the exception of the projections on 14 and 62 day cancer and AHP services overall had met its May predictions however Occupational Therapy had had some challenges. In moving to mental health services, new appointments had been challenged due to workforce however overall the service was meeting its target across both new appointments and review appointments. Finally, Dr O'Neill referred to Day Care and said while having met the May predictions delivery was at 71% overall and services were working hard to update dynamic risk assessments.

Dr O'Neill said while the full report provided more detail on key areas she wanted to highlight to members that in respect of the 14 day cancer standard, due to the impact of cancelled clinics at the end of April due to Covid19, performance had been 60% with 113 patients waiting greater than 14 days. She said that recovery was

anticipated in July 2022 however this area would continue to be challenged due to the retirement of a breast surgeon. Dr O'Neill said the Trust was in discussions with the Strategic Planning and Performance Group regarding recruitment of an additional consultant and specialist nurse. Continuing on the 62 day cancer standard, Dr O'Neill advised that performance had largely remained constant around 50% due to the challenges which have been previously discussed. Finally, Dr O'Neill referred to Day Care and said while some had returned to 100% capacity, some 11% of service users had not returned particularly within the learning disability programme.

Moving on to elective care with particular reference to Waiting List Initiative allocation, Dr O'Neill advised members that the Trust was progressing a WLI plan of £9.3m for the first 2 quarters of the year. She assured members that robust monitoring continued to be in place with additional rigour given the level of funding and confirmed that activity was on track against the plan. She said a WLI director oversight group was also in place and monthly meetings with SPPG.

Dr O'Neill continued to brief members on the Rebuilding HSC approach for 1 July 2022 – 31 March 2023. She said at the Rebuilding Management Board (RMB) meeting of 8 June 2022, it was agreed that the primary focus for HSC for 2022/23 would be to secure a return to pre-Covid19 (2019/20) activity levels by the end of September 2022 or as soon as possible thereafter. To support this, a proposed HSC Service Delivery Plan (SDP) covering the remaining 9 months of the year (1 July 2022 to 31 March 2023) was provided to the Trust by SPPG on 13 June and updated on 20 June 2022.

Dr O'Neill said in this tight timeframe, the Trust had worked directly with service leads during June to assess the achievability of the performance trajectories which had been set by SPPG and any challenges or barriers that would impact on deliverability. She said as stated earlier there were already a substantial number of Trust services that were achieving, or were close to, pre-pandemic levels of activity and all services would continue to work hard throughout the year to attain or maintain the required performance trajectories. Dr O'Neill said for those services which were not, workforce challenges and IPC measures were the dominating reasons and the Trust would report on these monthly with reporting on July outturn commencing in August 2022. Dr O'Neill assured members that the Trust would continue to focus internally on maximising delivery within the constraints being experienced and work with SPPG to understand any deviation from trajectories, and to recover, if that occurred.

Dr O'Neill continued to provide members with the performance position for May 2022 compared to May 2019. She said in relation to outpatients, inpatients and day case performance had been 91%, 70% and 105% respectively. Performance in respect of diagnostics had been 93%, Endoscopy 73% and AHPs 95% on average. She said Mental Health Services were exceeding pre-pandemic levels and day care was performing 76%, domiciliary care inhouse 98% and independent sector 88%.

In concluding Dr O'Neill said this was an important period as the Trust continued to manage the residual risk of Covid, but turn its focus much more to fully restoring services, banking benefits from new ways of working, and dealing with the very considerable backlog of patients who await planned care.

Discussion followed Dr O'Neill's report. Mr Hegarty welcomed the valuable detail within the reports and asked for clarity in respect of the commissioned planned volumes and planned patient validations. Dr O'Neill clarified that this was primarily an administration exercise either by a clinician or a member of administration staff.

Mr Hegarty asked that given the first month of the quarter was now past would the Trust be able to deliver the first quarter in the next 2 months. Dr O'Neill confirmed that it was the Trust's intention to deliver across the 2 quarters.

Mrs Laird referred to the retirement of a consultant within the breast service and its impact on the 14 day cancer standard. She asked when had the postholder retired and when would a replacement be in post. Mrs McKay advised that this was a consultant who had already retired but had returned to provide 7 clinical sessions per week. She said based on demand there was a 4 consultant gap for this service therefore the current staffing complement was not sufficient. She said the Trust was recruiting to one post with a clinical nurse for support. Mrs Laird asked when the consultant retired initially did the Trust recruit to the post. Mrs McKay responded that the Trust had recruited to the post but had prioritised the 14 day breast clinic. Mrs Laird said she felt very discouraged by this situation. Mrs McKay said she was in discussion with the breast team because they contribute to the general surgery rota and there are discussions about phasing them off this rota due to the volume of their work. Mrs McKay assured members that everything possible to support the service was being done.

Mrs Laird asked if the service was adequately reflected on the risk register. Mrs McKay confirmed that this service was on Acute Directorate risk register. Mrs Laird asked if this was more of a corporate risk and Mr Guckian asked that CMT consider the risk in the first instance.

Dr McPeake commended the detail of the reports and said he was pleased to see the progress against reset targets. He asked that given the pressures are unrelenting how realistic was it to return to pre-pandemic levels. Dr O'Neill said that PSI staff had met with every service and has noted particular workforce challenges. She said there are some challenges that the Trust needs to escalate to our commissioners but for the most part the Trust will be able to return to pre-pandemic levels. Mrs Hargan reminded members that workforce pressures are not new but that Covid19 had exacerbated these pressures as services are experiencing higher demand and there are areas where staffing has deteriorated.

The Chair thanked Dr O'Neill for her informative presentation.

7/22/11

## **FINANCIAL PERFORMANCE INFORMATION – MONTH ENDING 31 MAY 2022**

Ms McCauley referred members to the financial performance report for month ending May 2022. She said the report reflected the challenging financial environment of HSC across Northern Ireland.

Ms McCauley described the opening financial position reminding members of the context for budget planning implications and working principles as described in formal communications from the DoH/SPPG in March and May 2022. In describing her approach to the month 2 report, Ms McCauley confirmed Directorates' commitment to containment of expenditure, challenges in relation to unfunded pressures for Covid19 quarters 2-4, cost of living price increases across non-pay budgets and workforce challenges. She said these financial pressures were set against the challenge for the Trust to rebuild services back to pre-pandemic levels. Ms McCauley added that there was no financial plan for financial balance for the region and therefore she could not provide a forecast out-turn for 2022/23.

Ms McCauley advised that subsequent to the production of the month 2 report, the Trust had received a letter from the Permanent Secretary which served to reinforce the direction of travel which the Trust is already on. She said the letter reminds the Trust that good financial management is the responsibility of everyone in the organisation, of the need to contain costs and to avoid service growth or investment without funding, and the need to become more efficient to meet service need. She added that the letter sought the Trust's support to reinforce financial discipline and to consider how we can contribute to the HSC recovery and sustainability plan which will need to be developed over the coming months. She said the PS has indicated a move away from over-reliance on non-recurring funding and towards financial stability.

Ms McCauley referred members to Table 1 which summarised the Trust's opening deficit. She said members would recall the opening deficit from 2021/22 was £35.5m. She added the Trust had a recurrent MORE savings target of £1m but achieved recurrent savings of £6m through the recovery and MORE programme however during the period the Trust had increased its financial pressures by £9.2m. Ms McCauley said therefore the Trust's opening deficit in 2022/23 was £39.7m and said the residual recovery plan deficit of £10m was included in this figure.

Ms McCauley explained that before the month 2 assessment the Trust had forecast modest increased financial pressures of £4.3m, net after income confirmation from SPPG. She said in addition the SPPG had confirmed £7.4m of income against the Trust's deficit and an additional £1m MORE target had been allocated to the Trust. Ms McCauley said whilst there was an expectation that the Trust should deliver savings of £7.1m, as the Trust did in 2021/22, it was determined that in the context of service rebuild, this was unlikely to be realistic and therefore the Trust had adjusted its savings figure to £3.9m. Ms McCauley said the Trust was therefore



forecasting pressures at £33.7m excluding deficit funding for Covid19 and NMS. Taking account of these deficits, Ms McCauley said the Trust's projected net pressures were £60.8m. Ms McCauley said this was a very fluid set of figures and members could expect to see a revised set of figures at its next meeting as finance staff now work through analysis of the month 2 figures to refine forecasts.

Ms McCauley referred members to table 4 which confirmed that against projected pressures of £33.7m the Trust was reporting a deficit of £5.6m. She said table 5 expanded on the detail by Directorate. Members were asked to note that at a Directorate sub-total level in 2021/22 the Trust reported a budget deficit variance of 5.2% and at 31 May was reporting 5.1%. Ms McCauley said this was an indication of the Trust's cost containment arrangements in place and an indication of a strong starting position but which was fragile as included in these figures are growth in expenditure across non-pay budgets for medical and surgical equipment consumables as we rebuild our services as well as the impact of inflation which is as yet unfunded.

Ms McCauley said the challenge for the Trust will be to how we deliver against a 1.4% deficit which was our budget deficit variance percentage at the end of 2021/22. She said this was subject to the Trust's ability to deliver savings in-year, secure additional income from SPPG and develop internal solutions.

Ms McCauley said there was a concerning higher opening expenditure position coming through in external non pay expenditure and referred to table 7. She said expenditure in independent homes, domiciliary care, direct payments and care contracts accounted for 48% of the monthly non-pay expenditure. She said highlights in table 8 to note were the drugs and pharmacy lines which were clear indicators of expenditure growth above prior years. She added the energy trend was opening at a lower expenditure level than quarter 4 of 2021/22.

Discussion continued on table 9 which outlined flexible staffing which had increased across the 5 categories by 6.15% from 2021/22, nursing and other agency, bank and overtime have all increased but these increases are offset by a reduction in the use of medical agency.

Members were advised that the Trust had a confirmed capital budget at this point of the year of £23.2m against 3 large capital projects and for general capital and backlog maintenance.

Ms McCauley said for the first 2 quarters of this year the Trust had confirmed funding of £9.3m for elective care and spend of £1.1m at 31 May. She said the Trust was reporting a disappointing opening prompt payment position for the year of approximately 85% against a target of 95% as a consequence of Covid absence in the bank office.

The Chair thanked Ms McCauley for her excellent overview of the Trust's financial performance.

7/22/12

### **AUDIT AND RISK ASSURANCE COMMITTEE ANNUAL REPORT 21/22**

Mr Hegarty referred members to the Audit and Risk Assurance Committee Annual Report for 21/22. He said he had been appointed as Chair of the Committee in the last quarter of the year and he thanked Mrs Laird and the Finance directorate for their expert knowledge and support in helping him settle into the Committee.

Mr Hegarty said it was the responsibility of the ARAC to oversee the Trust's governance arrangements including having oversight of the Trust's risk management and assurance framework, and to provide the Trust Board with assurance on the adequacy and effectiveness of internal control systems that all regulator and statutory obligations are being met.

Mr Hegarty referred members to the role of the ARAC. He said the Committee followed the best practice guidance set out in the Audit and Risk Assurance Committee Handbook (NI) (April 2018). He said the Committee had completed its self-assessment for 21/22 and had adapted the updated National Audit Office template for this purpose. He added that the outcome of the assessment for 2021/22 was that the Committee had performed effectively in all areas.

Mr Hegarty continued by referring to section 4 Internal Audit. He said the Head of Internal Auditor had in her annual report, reported that the Western Trust system of internal control was satisfactory. He said 5 audits were conducted in BSO Shared Services during 21/22 and 3 had received full satisfactory performance while 2 had received partial satisfactory performance and limited performance.

Mr Hegarty referred to Internal Audit's Annual report. He said a follow up review of the implementation of previous priority one and priority two internal audit recommendations had been carried out at mid-year and again at year end. He said at year end 87% of the outstanding recommendations examined were fully implemented, 12% partially implemented and 1% of recommendations were not yet implemented.

Mr Hegarty said that overall for the year end 31 March, the Head of Internal Audit had provided satisfactory assurance on the adequacy of the organisation's framework of governance, risk management and control.

Mr Hegarty took the opportunity on behalf of the ARAC to express the Committee's appreciation of the commitment of Mrs McKeown, Mr Charles and their team. He said the Committee acknowledged the work undertaken by the Internal Audit Team

was of a high standard and noted the effective working relationship which existed between the Audit Team and Trust staff.

Concluding his report Mr Hegarty said the Committee acknowledged that the Trust's Accounts for 2020/21 were prepared to a high standard against a very tight timetable and thanked the Trust's Director of Finance and his Team for their commitment during 2020/21. He said the mid-year assurance statement as at 30 September was also reviewed by the Audit and Risk Assurance Committee for adequacy and completeness during the year.

As Accounting Officer, Mr Guckian thanked the Committee for the assurance he received in respect of the Trust's governance statement, accounts and annual report and thanked everyone involved.

The Chair echoed Mr Guckian's comments. He said the expenditure of the Trust was huge and important given it was public money and that it was important to have robust governance in place. He said he was very proud that the Trust has a Board and an Audit and Risk Assurance Committee that look after public money in a thorough and exemplary way. He thanked Mr Hegarty for taking over the Chair of the Audit and Risk Assurance Committee.

Following discussion and consideration, the Annual report of the Audit and Risk Assurance Committee was proposed by the Chair, seconded by Canon Rev McGaffin and approved unanimously by the Board.

7/22/13

## **SUB COMMITTEE REPORTS**

### **1. Improvement Through Involvement Committee**

#### **1.1 Minutes of meeting held on 28 March 2022**

Mrs Laird asked members to note the minutes of ITI Committee as she had previously provided members with a verbal update at the Board meeting on 5 May.

#### **1.2 Verbal update from meeting held on 30 June 2022**

Mrs Laird shared with members the highlights of this meeting which was a 6 monthly strategic planning meeting. She said discussion had taken place on various issues including the work of the Committee over the past 2 years, its terms of reference and the Trust's consultee list. She said the Committee also looked at how the Trust records changed practices in SAls and complaints and said the Committee would return to this work and would also take some advice from Mr McCaul. Mrs Laird said the Committee was also proposing to refresh its work plan and also look at coproduction as the Trust develops its corporate plan. Mrs Laird

said the Committee looked at linkages with other Board committees and considered the Annual Report of Care Opinion which is an evolving and progressing story. Mrs Laird commended this presentation to Board.

Mrs Laird assured the Board that the Committee's outcome assurance model looked at a range of factors and the Committee had this on a one page infographic.

Mrs Laird also advised that the Committee had received a truly inspirational presentation on the Parents Forum from Mr Cassidy and Ms Mahon, Assistant Director. She said this was an initiative started in a family centre in 2017 and was a classic example of coproduction and involvement in real life. Mrs Laird commended this presentation to members and suggested that parents also be included. Canon Rev McGaffin asked if this work was written up as research. Mr Cassidy said the project was amazing and that he would speak to Ms Mahon about taking this forward.

## 2. **People Committee**

### 2.1 **Minutes of meeting held on 29 March 2022**

Mrs Laird referred to the minutes of People Committee and said she provided members with a verbal update at the Board meeting on 5 May.

### 2.2 **Verbal Update from meeting held on 16 June 2022**

Mrs Laird provided members with a verbal update on the meeting held on 16 June. She advised that the Staff Side chair and secretary presented the staff story to the Committee at this meeting and gave a good presentation on nursing challenges.

Mrs Laird said discussion took place on job plans and Ms Hargan confirmed that this was work in progress which required focus. Mr Guckian said he has asked Dr Lavery to look at this.

Mr Hegarty referred to the presentation from Staff Side and asked did they comment on nurses who have chosen to leave the Trust to work for an agency. Mrs Laird said Staff Side had focussed on Covid which had been a watershed moment for many staff. She added that Staff Side advised that staff want flexible working which agencies are able to offer. Mr Hegarty said that he would like to see further work on those nurses who decide to leave and those who are thinking of leaving as he felt it is a very short term solution. Mrs Laird said she would speak to Mrs Hargan about taking this forward. Mr Hegarty said he would like a presentation to Board on this.

3. **Endowment and Gifts Committee**

3.1 **Minutes from meeting on 3 May 2022**

Canon Rev McGaffin referred to the Committee minutes and said a verbal update had been provided at the June Board meeting.

3.2 **Verbal Update from meeting held on 13 June 2022**

Canon Rev McGaffin advised that 5 more proposals were considered and approval is pending due to post project evaluation.

7/22/14

**ANY OTHER BUSINESS**

There were no further items of business.

The Chair concluded the meeting and thanked the media for joining.

7/22/15

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 1 September 2022, in the South West Acute Hospital.

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**Mr S Pollock  
Chair  
1 September 2022**