

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 December 2024 at 9.30 am in Lecture Theatre, Trust Headquarters

PRESENT

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

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

Dr B Lavery, Medical Director
Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Specialties
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
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
Mrs H Browne, Assistant Director of Finance
Mr A Gidwani, Consultant Surgeon, Divisional Clinical Director for Surgery
Dr L Geoghegan, Deputy Chief Medical Officer
Dr S O'Reilly, Senior Leadership Expert
Ms S Parkinson, Serious Adverse Incidents & HSC Complaints Policy Branch (confidential item 2 only)

11/24/1

CONFIDENTIAL ITEMS

11/24/2

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the December meeting in Trust Headquarters and apologised for the delay in commencing the Public Meeting. He shared a report of his commitments since the last meeting.

- As a postscript to his remarks at the last Board meeting in relation to the visit by the GMC, the Chair indicated he thought it may be helpful to share with the Board the content of a letter he had now received from the Chair of the GMC on behalf of the visiting team. The Chair shared the content of the letter with the meeting.
- On 11 November the Chair said he was delighted to receive from Rossmar Special School the artwork that they had created following an invitation from the Trust to all special schools in the Western Area. He said those members who had been in Trust Headquarters recently would be aware that the artwork is now displayed in the corridors along with the submissions from Ardnashee and Willowbridge Special Schools and he said he believed this artwork had transformed the environment into a colourful and welcoming environment. Again the Chair recorded his thanks to the 3 schools and the staff and pupils who were responsible for the creation of these innovative installations.
- On 26 November the Chair advised that he had an online meeting with the Chair of the Northern Ireland Blood Transfusion Service, Mr Brendan Garland.

The Chair said Mr Garland shared the developing agenda at the Blood Transfusion Service and their conversation focussed particularly on the implementation of the plan to establish a Regional Agency for Pathology Services. The Chair said that clearly this development would have implications for the Trust's pathology service and said it is important that we work with our staff and indeed those responsible for the implementation of this plan to ensure a smooth transition for what is a very crucial clinical service.

- The Chair advised that on the afternoon of 26 November along with Trust Board members he attended a workshop convened under the auspices of the People Committee on the medical workforce.

First, the Chair commended HR colleagues for the detailed preparation and analysis that had been undertaken to establish a benchmark for staffing across all medical services in the Trust. He said this had been a very complex and challenging project which had involved a range of other Trust staff. The Chair

said with workforce being a constantly changing dimension of HR, it would be incumbent on the relevant staff to keep this information and the related analysis up to date.

The Chair said importantly the analysis identified that the Trust has major challenges across a number of specialities both in terms of recruitment and retention and said the Trust is taking a number of initiatives forward that it is hoped will proactively address these challenges.

The Chair said he also wished to commend HR staff, who along with clinical colleagues planned, implemented and completed a very successful visit to India where they both promoted opportunities in the Western Trust for clinicians while also undertaking interviews and opening up dialogue with both academic centres and locum agencies around working with the Trust going forward. The Chair said these initiatives were already demonstrating some progress in terms of both appointments and individuals indicating an interest in coming to Northern Ireland to work in the Western Trust. The Chair said importantly, in the longer term, the Trust is building successful relationships that have the potential to make a real difference going forward.

The Chair said the workshop also highlighted the important work being done by the core HR medical recruitment team who continue to work intensively in pursuing the conventional recruitment avenues and this work is also indicating some progress albeit very gradual.

The Chair said one of the core issues that emerged from the analysis was the very detailed insight into the allocation of junior doctors across the region. He said this analysis evidenced a major challenge for the Western Trust going forward in relation to securing a much fairer proportion of the total junior medical posts available in any one year. The Chair added that what was important about the information is now the Trust will now be able to have a much more informed and insightful discussion with NIMDTA, the universities and the senior leadership team in the Department of Health on how this critical issue of fairness and equity will be addressed going forward.

The Chair added that the medical workforce baseline report which had been developed had been informed by discussions with service managers which have also facilitated discussions about recruitment priorities. He said these discussions had informed the ongoing programme of work.

- The Chair advised that on the evening of 26 November he attended a service user event convened by the local Federation of GPs to facilitate discussion between GPs and patients on their experience of their recently established Multi-disciplinary Teams in general practice.

The Chair said it was a most informative evening with a range of issues being raised both in terms of real improvement in access to services provided by the MDTs but also around concerns that patients have regarding accessing services provided by different professionals who comprised the MDTs.

The Chair said he left the evening feeling very positive about this new development but recognising the need to achieve equity by securing funding for MDTs in the Southern Sector of the Trust.

- On Wednesday, 27 November the Chair joined with the Chief Executive and other members of the Board for the Davin Corrigan awards.

The Chair said this award was established as a way of remembering Davin and is hugely valued by his family and staff in the Trust's mental health service who were in attendance at the event.

The Chair said the different entries for the award ranged across the whole spectrum of health and social care services with a number of very impressive entries however the winning entry was that submitted by the Children's Autism Team which has made a very significant impact by supporting families who are dealing with the issue of autism. The Chair said the service the team has introduced is both innovative and flexible providing reassurance and support to families who are dealing in many instances within hugely challenging circumstances.

- On Thursday, 28 November the Chair advised that he went with Mrs Valerie Spencer, Service Manager for Daycare and Social Work in Mental Health, to visit two important facilities provided by the Trust's mental health service in Limavady.

The Chair said the first service area to be visited was the Arden Day Centre where he had the opportunity to meet staff and clients attending the centre. He said it was so impressive to see at first-hand how this day care facility can make such a difference to the quality of life for those who are experiencing challenges with their mental health. He said one could sense the positivity and enjoyment people attending had in socialising, engaging and undertaking activities that they clearly enjoyed ranging from gardening to woodwork, handicrafts, crocheting and electronic music compositions.

The Chair advised that after this visit he travelled to sheltered accommodation at Ballyclose also in Limavady. He said this facility consisted of a community living facility and attached supported residential accommodation and he had the opportunity to meet both staff and residents. The Chair said his engagement with the residents was both entertaining and insightful and he felt clearly there was very effective and supportive rapport between staff and residents.

The Chair said it was a very informative and interesting visit which confirmed to him the merit of being out on the ground to see at first-hand what is being achieved by our highly committed staff every day.

- On 4 December the Chair said along with the Chief Executive he participated in a visit by the Health Minister to Omagh Hospital and Primary Care Complex and Rathview House. Again the Chair said it was a very successful visit and gave him a very positive insight into the potential of Omagh Hospital and Primary Care Complex to play a central role in the Trust's infrastructure of our acute services going forward.

11/24/3

APOLOGIES

Apologies were received from Ms Eimear McCauley, Director of Finance, Contracts and Capital Development and Mrs Donna Keenan, Executive Director of Nursing, Midwifery and AHPs.

Members noted that Mrs Browne, Assistant Director of Finance, was in attendance for Ms McCauley.

11/24/4

DECLARATION OF INTERESTS

There were no declaration of interests expressed.

11/24/5

MINUTES OF PREVIOUS MEETING – 7 NOVEMBER 2024

The Chair referred to the minutes of the Board meeting held on 5 September and asked members if they would approve them as a true and accurate record of the discussion at the meeting.

The adoption of the minutes was proposed by Mr Telford, seconded by Dr McPeake and approved by the Board as a true and accurate record of discussion at the meeting.

11/24/6

MATTERS ARISING

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

National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2024

It was noted that Ms O'Brien provided members with a copy of the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2024: England, Northern Ireland, Scotland and Wales UK patient and general population data 2011-2021 on 25 November 2024.

Locums

It was noted that Rev Canon McGaffin asked how many Locums were employed within the Trust. The Chair noted that Mrs Hargan's staff are currently validating the month 6 information which she hopes to share with members in due course.

11/24/7

CHIEF EXECUTIVE'S REPORT

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

General Pressure

Mr Guckian advised that over the past month the Trust's Emergency Departments had had periods of intense pressure, in common with all acute hospitals across Northern Ireland. Over the past week he said this had reduced, but still there were more patients waiting for a bed than we would want.

Mr Guckian apologised to all patients who were waiting for a bed.

Winter Plan

Mr Guckian advised that given the restricted finances available, the Trust's Winter Plan focussed on initiatives to minimise the adverse impacts of financial pressures on all parts of the Trust.

He advised that the Trust is in the process of implementing 7 extra beds to relieve pressure on trauma services and said the SPPG will fund this expansion to protect elective lists and ease pressure on Emergency Departments. Mr Guckian added that the Trust is also re-organising two wards to increase throughput in our Ambulatory Care Units.

Mr Guckian advised that over the course of 2024/25 the Trust had increased its community capacity by 37 places across residential, nursing and intermediate care, in addition to the normal escalation beds. In addition he said the Trust has also increased its capacity in domiciliary care through the Rota Optimisation Project and

that last week there were no patients waiting in Altnagelvin Hospital for a domiciliary care package.

Christmas

In concluding his remarks, Mr Guckian took the opportunity to wish everyone in the Trust a Merry Christmas and a Happy New Year. He said he was aware that many staff will have their celebrations curtailed due to rotas and on-call and said he wanted to acknowledge the sacrifices so many of our staff make both at Christmas and throughout the year. Mr Guckian said he hoped everyone got some downtime to be with family and friends at some stage over the festive season.

The Chair echoed this good wishes to staff.

11/24/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr Lavery referred members to the Corporate Risk Register and Board Assurance Framework. He said there were 20 risks on the register as approved at the last Board meeting on 7 November.

Dr Lavery proposed 2 new risks for the register:-

- Medium secure placement deficit for patients with highly complex needs; and
- Roster of Roster-pro system failure

Following consideration members approved the addition of these risks.

Dr Lavery advised that there were no other material changes to the register.

11/24/9

ENCOMPASS UPDATE

Mrs Molloy advised members that the Northern Trust successfully went live on 7 November at 4 am. She said the South Eastern, Belfast and Northern Trusts were now all using the one electronic patient record and the final encompass Go-Live will take place on 8 May 2025 in the Western and Southern Trusts. Mrs Molloy said Northern Ireland will be the first nation with a fully integrated health and social care patient record.

Mrs Molloy highlighted a number of key milestones for November – December 2024. She said in respect of training, 2,800 staff had registered to date against a target of approximately 3,000. She said staff can enrol for Super User training from 9 December and training will commence on 3 February 2025. She added that in

respect of End User Training of approximately 12,000 staff, staff can enrol for training from 23 December and training will commence on 3 March 2025. Mrs Molloy said training rooms are already largely available, equipped with double monitors and PCs.

In respect of End User Devices Mrs Molloy advised that deployment commenced on 28 October 2024 with 14% of devices in situ. She said the programme is initially concentrating on the deployment of “Workstations on Wheels”.

Mrs Molloy advised that the “Technical Dress Rehearsal” was a critical part of the readiness programme which will test every deployed device in situ from 3 February 2024. She said recruitment has commenced for the testing team which includes “Captains” and on the ground “Testers”.

Mrs Molloy referred to “Go Live Planning” and advised that regular meetings will be held from December onwards to plan for the setting up of Command Centres, Support Hubs, Rotas, Catering and external support. She said the Western and Southern Trusts are pressing for early identification of EPIC and central team support, as well as experienced “Pay It Back” super users from other Trusts.

Mrs Molloy noted that work is to commence on business continuity arrangements with the working group to meet from November onwards.

Mrs Molloy continued to outline the activities due to take place between December 2024 and April 2025. She said this work included:-

Manual Data Migration - Identifying and inputting data critical to Day 1 care that is not transferring electronically.

Electronic data Migrations - Large scale testing will commence on 10 January 2025 and data migrated will include patient demographics, appointments, waiting lists and critical data sets from legacy systems will be migrated just before go-live.

Mrs Molloy said these aspects of the project have worked well in the other Trusts who have gone live, but said they require significant technical expertise and verification afterwards from local teams to ensure data has been migrated successfully.

Interfaces - Testing and interfacing of third party systems commenced in November.

Build - Identifying “Bespoke” requirements for Western Trust, and agreeing how these will be delivered.

Mrs Molloy referred members to a high level project plan and said activities are monitored through Operational Readiness Assurance Boards which have been

established within each Directorate, and which will report at each formal Go-Live Readiness Assessment. Mrs Molloy advised that activities remain on track currently.

Mrs Molloy referred to governance and oversight arrangements and said the Corporate Management Team had agreed to segregate weekly CMT meetings into two sections from 1 December 2024. She said 2 hours per week approximately will be ring-fenced for encompass business and said this will be used to provide programme updates with the central team and EPIC leads on key elements of the project, surfacing risks and issues, agreeing their handling corporately and providing directors with ring-fenced diary time for other encompass activities.

Mrs Molloy said each Director will take a leadership role on key aspects of the delivery workload, and are engaged with the project team and professional leads on these issues already.

Mrs Molloy advised that the Trust's scheduled slots for Programme Board meetings will be given over to the Go Live Readiness Assessment (GLRA) events from December 2024, and formal highlight and financial reports from that point will come to the CMT session. Mrs Molloy added that Go Live Readiness Assessments will be undertaken formally every 30 days and these will commence on 19 December 2024 with GLRA 150 days.

Continuing Mrs Molloy referred to enabling works and device deployment. She said enabling works were nearing the final stage and further works were anticipated to be minor due to changes.

Mrs Molloy said devices have been procured and are being configured for deployment with the Trust having purchased 10,061 devices with 867 outstanding and approximately 16,100 peripherals (docking stations, card readers, telephone accessories).

Mrs Molloy referred to "go-live" planning. She said joint go-live planning meetings take place weekly with Western Trust Senior Information Responsible Officer (SRO), Deputy SRO, encompass PMO and their Southern Trust equivalents, along with the Regional encompass SRO and EPIC colleagues. She said there are no significant issues of concern at this stage in the programme.

Mrs Molloy said a command and control structure will be established to oversee the implementation and deal with issues arising, in line with the Trusts' Bronze/Silver business continuity management processes. She said a "Gold" meeting will be required over the Go-live date and the Trusts will be required to report into Health Silver over this period, which will be stood up for this purpose.

Mrs Molloy said the Trust will plan to downturn areas of work during Go-Live in 2025, and elective and unscheduled services will agree mutual aid arrangements with other Trusts.

Mrs Molloy referred to the unique risks for the Western Trust. She said in broad terms, the risks and activities managed in the run up to go-live will be relatively standard across all Trusts. She said there are unique features of each Trust, and these are managed by the project structures. Mrs Molloy said she proposed that any unique risks be drawn out for attention at the GLRAs.

In concluding her report Mrs Molloy said the Western Trust will continue to work in line with the agreed encompass Project Plan. She said “Go Live Readiness Assessments” will be in place to assure CMT, encompass and EPIC senior programme staff that the Trust is in a position to go-live. Mrs Molloy said the Trust will continue to work closely with the Southern Trust, regional colleagues and other Trusts.

Mrs Molloy said communications will play a key role in our preparations and said a communications plan is in place and a dedicated communications officer has been appointed. Mrs Molloy said there has already been use of videos, dedicated email channel ‘encompass BLAST’, intranet and external methods such as ‘X’ and Facebook, and these will continue and will be ramped up in the period up to go-live.

Mr Telford referred to 12,000 staff with end user needs and said it was sensible that training is starting once planned. He said he assumed there were plans for teams/departments to be trained and that there would be an ongoing monitoring programme of progress. Mrs Molloy said there were established training hubs and these are live. She said initiating training too early would not be effective and that the Trust was following the set training pattern used in other Trusts. She added that Directors are all very aware that staff must be released for this training because if you are not trained you cannot get on to the system to enable you to do your job. However, Mrs Molloy said there are facilities for “just in time” training and arrangements are in place to operationalise this.

Dr McPeake thanked Mrs Molloy for the update and welcomed the technical dress rehearsal. He asked what the device roll out would be. Mrs Molloy said it was planned that all hospital devices will be in place with some community devices in place. Mrs Molloy said the community is a lower risk than acute. Mrs Molloy said the readiness assessment would be undertaken after the technical dress rehearsal.

Dr McPeake asked what would be the measures of success for the dress rehearsal. Mrs Molloy said a measure would be the roll out of devices and she said that 7-9 Captains and 28 testers will be in place for this.

The Chair thanked Mrs Molloy for her informative update.

11/24/10

PERFORMANCE REPORT (EXCEPTION REPORT)

Mrs Molloy presented to members a highlights report for October 2024.

Mrs Molloy said the main points of note were the October 2024 activity report which showed steadily increasing volumes of activity being delivered by services, with 13 hospital areas and 6 community areas delivering the highest volumes so far this year.

Mrs Molloy said the Trust sits at 53% of its metrics as “green” within the service delivery plan, compared to 47% last month, but 40% are red as compared to 36% last month, so our amber areas now represented only 7% of the overall assessment.

Mrs Molloy said important areas to note improvement in were domiciliary care unmet need which the Trust has reduced by 7.8% so far this year which meets the target set; cardiac CT where the Trust has recovered to meet its target, and Inpatient/Day Care where the Trust has met the overall target, even though there had been an uplift of the baseline to reflect investment in this area.

Mrs Molloy said there was continued focus on theatre activity and said the Trust is now meeting the target for recovery of scheduled theatre minutes, with the Day Procedures Unit Theatres position improving. Mrs Molloy said the Trust continues to monitor Omagh and SWAH theatres.

Mrs Molloy advised members that there were no other in-month issues to highlight and that she hoped to bring a report on the DoH Support and Intervention Framework, and the Trust’s position on that after the Trust meets SPPG at end December.

The Chair commended the domiciliary care position and noted the number of reds across Trust services.

11/24/11

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 OCTOBER 2024

Mrs Browne, who was standing in for the Director of Finance, Contracts and Capital Development, referred members to the financial performance report for the period ended 31 October 2024.

Mrs Browne referred to the briefing at the previous Trust Board meeting that the Trust was in the process of completing a comprehensive review of its financial plan following completion of its month 6 financial report. Mrs Browne confirmed to members that this had now been completed. She said as a consequence the

forecast deficit, which was previously reported as £1.3m, was now a forecast break-even position. Mrs Browne said this was a very positive development, considering how challenging this financial year has been to date, however, she said members should also be aware that this forecast remained a risk-adjusted forecast as the Trust continues to face unprecedented pressures in our services in relation to the numbers of escalated beds across acute and mental health hospital settings and community services. In addition, Mrs Browne said the forecast was dependent on Directors continuing to maintain controls in relation to expenditure and to deliver against their savings targets. Members were advised that the SPPG has been fully briefed on the risk to the Trust's forecast.

Mrs Browne advised that members of the Finance and Performance Committee were briefed on the detail of the figures which have moved in the period from the previous update and said for the most part the improved financial position was as a consequence of additional income, largely from client contributions.

In relation to the Trust recovery plan, Mrs Browne advised that the content of a submission which the Trust made on 30 September 2024 had also been shared in detail with Finance and Performance Committee members. She said there continued to be uncertainty around the budget settlement for HSC in 2025/26 and therefore financial forecasting was being based on a "worst case" scenario. Mrs Browne alluded to a further letter received last week from SPPG requesting a further update to figures including revised assumptions by 10 January 2025. Mrs Browne said the Trust was currently working through an approach to this request and for now this very much remained a financial modelling exercise building on the existing comprehensive Trust programme for "Delivering Value" and following a similar approach to previous submissions.

Moving to the financial performance report for the period ending 31 October 2024 and to the statutory financial performance targets, Mrs Browne said members would note that the Trust had now revised the first target, to manage within RRL, from amber to green, reflecting the Trust's revised forecast position. Mrs Browne said the Trust was "green" against its CRL target and remained in amber in relation to the Prompt Payment target. Mrs Browne said prompt payments continued to demonstrate an improving trajectory, with 94% of invoices paid within 30 days in the month of October, and 92% year to date.

In relation to the position at 31 October (Table1), Mrs Browne advised the Trust was reporting a break-even for the period in line with its revised forecast. She said from a Directorate perspective in Table 2, members would note that at a sub-total level, Directorates had increased their variance from last month, rising to 4.5% from 4.3%. Members were advised that rises were largely within service Directorates where service pressures had been particularly acute during this period.

Moving to Table 3, Flexible Payroll, Mrs Browne asked members to note a very well held position with a 0.1% overall reduction from the prior month across most

Directorates, which very much demonstrated effective “grip and control” on expenditure.

Mrs Browne referred to Table 4, page 8, and said this illustrated the continued increase in medical agency costs for the year to date with monthly hours having increased by 3.4%, and expenditure having increased by 6.33% when compared to the same period in 2023/24. Mrs Browne said there may appear to be something of a marginal decline for the last two months and a notable spend in this month which was well below that for the same period at this time last year. Mrs Brown said it had been reported last month that market-driven rates had risen by approximately 5% when compared to the prior year, and said the fact that that percentage rise was now noted at between 3% and 4% was an indication of the work taking place in Directorates to replace high cost agency staff with lower cost options.

Mrs Browne referred to Tables 5 and 6, page 9, and highlighted a spike in nurse agency expenditure for this year. She said service Directors were currently reviewing the detail of this to identify the underlying causes.

Continuing on Table 8, page 11, Mrs Browne said contingency savings were at £10.4m with savings continuing to be slow to yield from medical and nursing workstreams. Mrs Browne said these workstreams continued to receive extensive focus from the Delivering Value Programme Board however she said members should also note that Directors were over-delivering against the workforce controls target, illustrating a commitment to deliver savings in alternative ways.

Mrs Browne referred to Table 11, page 12, and said this illustrated the Trust’s spend of £11.6m at 30 September. Members were asked to note that there had been a slip in project timelines in relation to Lisnaskea Health & Care Centre and Altnagelvin Phase 5.1 redevelopment and so the Trust’s capital budget had been reduced accordingly for the year with funding being re-profiled into future years.

In closing, Mrs Browne advised members that the Trust was reporting a break-even position for the period to 31 October 2024 against a revised break-even forecast for the year. She said this was a risk-adjusted forecast and actual performance would be continually monitored between now and the end of this year to identify new and unpredicted emerging financial pressures. Mrs Browne said in tandem with this, the Trust was also in a positive, improvement trajectory in relation to our Prompt Payment Target.

The Chair thanked Mrs Browne for her report and asked members for any comments.

Mr Telford commended that the Trust is producing a balanced budget position at this stage and said this included a significant amount of savings. He commended all Directors for the work being done. Mr Telford said he was reassured that work continued to be focussed on identifying savings in other areas.

Mr Guckian commended the current financial position moving to a break even position but cautioned that there was a long winter ahead which would bring many financial challenges. He said there was an increase in occupancy levels in Altnagelvin Hospital by 5%. Mr Guckian said one of the most important issues is for the 2024/25 pay award to be addressed. Mr Guckian said he was pleased that the Trust is controlling its agency workforce and said while nurse agency spend had increased the Trust was not using off contract agency which means the Trust can provide more nursing staff for the same cost. Mr Guckian added that the Trust had absorbed a 5% increase in occupancy in hospitals without impacting financial projections.

11/24/12

PROPERTY ASSET MANAGEMENT PLAN 2024/25 – 2028/29

Mrs Molloy advised that in line with DoH guidance, the Trust reviews and updates its Property Asset Management Plan (PAM Plan) on an annual basis. She said the PAM Plan sets out the broad direction for the management of the Trust estate, to ensure the property portfolio supports Trust business planning processes and estate strategy. Mrs Molloy said this enables the delivery of Trust objectives to provide high quality, functional buildings, which are safe, secure and capable of supporting current and future service delivery needs.

Mrs Molloy said the PAM Plan helps define, implement and measure how the Trust maintains and improves its property and land assets. She said it sets out the objectives for implementation of property related activities, to improve the efficiency of our estate and meet service needs. She added that the PAM Plan is fully aligned with the Trust's Corporate Plan, Trust Delivery Plan, the Trust's Estates Strategy and savings and budget Plans.

Mrs Molloy said with input from colleagues in Estates, Facilities Management, Capital Development and Finance the PAM Plan reflected the Trust's position as at 23/24 highlighting progress made in the management of the Trust's estate over this period as well as plans for the next 4 year period – 2024/25 – 2028/29.

Mrs Molloy referred members to page 7, Financial Overview, and said in the previous financial year (2023/24) the Trust had been involved in a continuous process of improving its facilities and equipment, and continued to deliver on a significant capital expenditure programme of £34m. Mrs Molloy noted capital schemes in respect of Altnagelvin Hospital 5.1 Paediatric Unit and Lisnaskea Health and Care Centre.

Mrs Molloy referred to Backlog Maintenance and Service Continuity Risks and said this continued to represent a critical challenge for the Trust and remained a priority for future investment.

Mrs Molloy advised that there was a short section on GP Practices, and said while the Trust was stepping in to provide an interim solution in order to stabilise services for patients, from a property management perspective, there was an impact for the Trust in terms of managing these facilities including taking on responsibility for the leases and managing the facilities to ensure that each site is appropriately maintained to support the delivery of healthcare services.

Mrs Molloy referred to page 23 of the PAM Plan in respect of risks and issues across the estate and said she carried responsibility for oversight of the Trust's estate. She assured Board members that there is an active project to manage this and mitigate risks.

The Chair said while not diminishing our challenges, he observed during the recent Ministerial visit as he walked through facilities how fortunate our staff and patients are to have such a high quality estate. He said he also wished to commend support services for the level of cleanliness in our facilities.

Rev Canon McGaffin sought clarity on the governance arrangements in respect of unaccompanied asylum seeking children who are placed in "unregulated" homes. Mr Cassidy noted that unregulated placements are basically placements that are not covered by the children's homes or fostering regulations. All young people who are placed in these placements are assessed as not needing 24 hours support. The young people who are under 18 are looked after children and their care plan is developed to best meet their assessed needs. All these young people will have support from staff on a daily basis. Mr Cassidy said he has developed a proposal to allow a Trust facility to accommodate 2 unaccompanied asylum seeking young people. Mr Cassidy said providing accommodation for unaccompanied asylum seeking children is a challenge across the region.

Dr McGinley referred to 41% of the Trust's estate being over 50 years old. She referred to investment into energy and asked if the Trust was getting the value as the return was relatively small. Mrs Molloy advised that the Trust has been very active in bidding to get "Invest to Save" money and the Trust secured £2m and the Trust has an active programme of investment. Mrs Molloy assured members that this is an area overseen by the Delivering Value Management Bboard.

Dr McGinley referred to 2 leases which will be terminated in 24/25 and asked how these services would be delivered. Mrs Molloy said the services will still be provided but in a different way.

Mrs Laird referred to the Trust managed GP practices and asked if the Trust received additional funding to cover the cost of their leases. Mrs Molloy said the Trust has a "Memorandum of Understanding" in place which was signed for the first practice Dromore and Trillick and that MOU requires the SPPG to refund all operating costs associated with the practice.

Prof McKenna referred to the capital programme and sought clarity in respect of the funding allocated to research and development. Mrs Browne said she would provide detail on the Trust's R&D funding to Prof McKenna.

Prof McKenna referred to future capital plans for Emergency Departments and Mrs Molloy said while there were capacity challenges in SWAH the environment in Altnagelvin Hospital was a greater and more immediate challenge. Mrs Molloy advised that the current ED in Altnagelvin was designed for a service with a volume of activity that is 50% less than what it is currently dealing with. Mrs McKay said a working group has been established and a scoping exercise commenced as there are a number of other issues that could also adversely impact on Altnagelvin's ED. She said she was hoping to complete the scoping exercise in early spring and at that point a business case would be developed and submitted to SPPG for approval.

Mr Telford referred to disposals and it was noted that following a review 4 freehold properties may be disposed of over the period of the Plan. Mrs Molloy said these properties are categorised as "vacant estate" and that the process of disposing of estate is complex. She said the decisions taken by the Trust to dispose of this estate had been robust and Mr Guckian said that disposals are usually done because the building is old.

Mr Telford referred to PFI buildings and said one of the benefits of the contract is that backlog maintenance is addressed by the PFI company.

Mrs Molloy concluded the discussion by advising that the Corporate Management Team approved the PAM Plan at its meeting on 26 November in order to facilitate a submission to the Department of Health by 1 December 2024.

11/24/13

ANY OTHER BUSINESS

Prof McKenna referred to the Annual QI & Innovation Showcase Event attended by Dr McGinley, Mr Telford and himself and said they were all very impressed by the presentations. He said he wanted to acknowledge all the work that goes into organising these events.

The Chair concluded the meeting by thanking all staff for what he described as a year of real progress. He said for the Trust it had been a "rollercoaster" in some respects but that he felt privileged to be part of this community of public servants and he wanted to thank everyone who had contributed to the work of the Trust as both individuals and as members of teams. The Chair acknowledged that staff give of their best to the people they serve and commended the spirit and culture of the Trust of being one that wants "no one to fail".

The Chair wished everyone a very Happy and Holy Christmas and encouraged all to take a break if that was possible.

11/24/14

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 9 January 2025 at 11 am in the Lecture Theatre, Trust Headquarters, Altnagelvin Hospital, Londonderry.

Dr T Frawley CBE
9 January 2025