

**Minutes of the One Hundredth and Fortieth Trust Board Meeting held on
Thursday 25th November 2021 at 10:00am via Video-conferencing**

Present:

Mr Robert McCann	Chairman
Mrs Jennifer Welsh	Chief Executive
Mr Owen Harkin	Executive Director of Finance/Deputy Chief Executive
Mr Seamus O'Reilly	Executive Director of Medicine
Mrs Suzanne Pullins	Director of Nursing and User Experience
Mr Jim McCall	Non-Executive Director
Mr Gerard McGivern	Non-Executive Director
Mr Paul Corrigan	Non-Executive Director
Mr William Graham	Non-Executive Director
Mr Glenn Houston	Non-Executive Director

In attendance:

Mrs Jacqui Reid	Interim Director of Human Resources and Head of Office
Mrs Wendy Magowan	Director of Operations
Mrs Audrey Harris	Interim Divisional Director of Medicine and Emergency Medicine
Mr Paddy Graffin	Interim Divisional Director of Integrated Care
Mr Kevin McMahan	Interim Divisional Director of Surgical and Clinical Services
Mr Nick Carson	Head of Communications
Mr Neil Martin	Interim Director of Strategic Development and Business Services
Mr Roy Hamill	Interim Director of Community Care
Mrs Karen O'Kane	Executive Office Manager
Mr Aaron Carey	Boardroom Apprentice

Sophie Semple **Member of the Public**

TB116/21 Apologies

Apologies were received from Dr Petra Corr, Interim Director of Mental Health, Learning Disability and Community Wellbeing and Maura Dargan, Executive Director of Social Work



TB117/21 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest declared.

TB118/21 Chairman's Report

Mr McCann drew attention to the recent Chairman's TeamNorth Awards and commended all the staff involved. He said it was important that staff were recognised, particularly when under the pressures experienced in the past 18 months. He said the awards had meant a lot to the staff.

Mr McCann had also attended an event at The Braid, Ballymena held by the voluntary group Northern Ireland Scrubs to recognise the enormous community effort and support to health and social care workers during the pandemic. Mr Robin Swann, Minister of Health, had unveiled a plaque and a piece of artwork. The artwork, once it finished a tour of the Mid and East Antrim Council Area would be presented to the Trust for display. Mr McCann remarked that, perhaps in time, a memorial would be erected.

Mr McCann also reflected on the Service of Remembrance to be held on the evening of 25th November for the 15 members of staff who had died in 2020. Mr McCann said this was a very sobering statistic and was a very important event for the Trust and its' staff.

Mr McCann concluded his report by referring to the pressures being experienced on all Trust Services and reinforced the messages on how the public could help reduce this pressure by taking measures such as social distancing, mask-wearing and vaccinations.

TB119/21 Chief Executive's Report

Mrs Welsh echoed Mr McCann's comments in relation to the Chairman's Team North Awards. The previous 20 months had been extraordinary by any standards with individual staff and teams across the Trust facing incredible challenges and doing their utmost for patients, clients and colleagues. Mrs Welsh said it was a privilege, incredibly humbling, and uplifting to read all submissions. Mrs Welsh wished to extend her congratulations to all who were short-listed and



Northern Health and Social Care Trust

said they were all winners. Mrs Welsh also thanked the Organisational Development Team for hosting the hybrid event, which enabled virtual and in-person attendance from a number of locations.

Mrs Welsh specifically mentioned the ongoing Unscheduled Care Pressures, which everyone was aware of and had been subject to significant recent media coverage. During the presentation of the Performance Report Mr Martin, and colleagues, would be covering some of the detail of the pressures, including current Covid-19 numbers and the challenges ahead over the winter period.

Mrs Welsh took the opportunity to mention the ongoing regional work around endeavouring to ensure adequate flow through all hospitals, starting with some work on ambulance arrivals and working through to the capacity that exists in nursing and care homes and ensuring that patients were discharged from acute hospital beds as soon as they were medically fit and no longer needed acute, inpatient care. Mrs Welsh recognised that it was difficult for patients and families because it often meant that patients may be placed in a nursing home whilst awaiting a package of care to enable them to go home. It can also mean, sometimes, that patients are placed in a home that is not their first choice. Mrs Welsh said staff wished this was not the case but as noted by Dr Andrew Dobbin, from the Ulster Hospital, hospital beds were at an absolute premium and the service needs people to be discharged from acute beds as soon as they are fit to do so. Mrs Welsh also welcomed the statement from the Minister of Health.

In relation to the pressures on the services, Mrs Welsh particularly wanted to mention Trust staff. Staff were continuing to deal with huge challenges; Emergency Departments (ED) were over-crowded and Trust Board members would be aware of instances of where clinical teams were treating patients in ambulances. This was not how any staff would wish to operate and caused huge distress to staff. Similarly Intensive Care Units (ICU) and respiratory teams were continuing to treat high numbers of Covid-19 positive inpatients who were very sick and did not always survive and that was very difficult for staff to deal with day in and day out. Mrs Welsh informed Trust Board that Mental Health and Children's Services were also experiencing huge pressure.

Mrs Welsh finished her report by reminding Trust Board of the new roles created to support clinical teams and that could be undertaken by staff from an administrative background. Mrs Welsh was delighted



Northern Health and Social Care Trust

to announce that 304 members of staff had come forward in response to the organisation wide 'Plea for Help'. Mrs Welsh said that despite all the challenges; the willingness from staff across the organisation to continually go the extra mile for patients, clients and colleagues was truly humbling.

TB120/21 Account of Employee Experience

Mr McCann welcomed Helen Bell, Deputy Head of Pharmacy for Clinical Services along with Ciara Killough and Carolyn Adams, Senior Pharmacy Technicians to Trust Board. Mr O'Reilly introduced the team and said that whilst Pharmacy were not a high profile team, they were crucial and were very important to and highly valued by their colleagues across the Trust. The role of the Pharmacy Technician was especially valued.

Helen Bell then introduced Ciara and Carolyn and outlined their role in ensuring that patients had the right medicine at the right time, as well as the role they played when wards were required to relocate during the pandemic. The team were involved in 34 ward moves, which was an enormous logistical challenge that required working with a number of teams, including clinical, finance and estates colleagues. The role of the Pharmacy Technician was a new role, which proved to be challenging but Helen said that both Carolyn and Ciara had risen to the challenge with enthusiasm. Both Carolyn and Ciara had demonstrated their commitment to the Trust's values whilst delivering managed outcomes to challenges and kept patients at the core of their work.

Mr O'Reilly added that he had met the team and he was amazed at the work they carry out. The work to relocate wards and patients could not have been done without the team. He thanked Helen, Carolyn and Ciara for attending and said the sign of good leadership was making the work look easy.

Mr McCann also thanked the team for attending and providing Trust Board with a snapshot of the work carried out.

TB121/21 Minutes of Meeting held on 28th October 2021



The minutes of the public Trust Board meeting held on 28th October 2021 were agreed as a true reflection of the meeting on the proposal of Mr McCall and seconded by Mr Graham.

TB122/21 Matters Arising

There were no matters arising.

TB123/21 Performance Report as 31st October 2021

Mr Martin began by advising that the focus of the Performance Report presentation would be Covid-19, including vaccination, Unscheduled Care Pressures, Winter Planning and Elective Care.

Covid-19:

Mr Harkin outlined that, whilst the number of positive tests had been relatively stable for several months, the Trust had seen a significant rise in the past few weeks with very high levels of infection in the population. Mr Harkin reported that over 313,000 doses were delivered and the current focus was on third doses for immunosuppressed patients. The Trust was providing a number of vaccine programmes, including, dispersed and high risk patients in care homes and supported living facilities, housebound patients, schools and the mass vaccination centre (MVC). There would also be focused events for 16 and 17 year olds. The MVC continues to provide staff Covid-19 and flu vaccinations for frontline staff and those over 40. The booster programme booking system was now live for over 40 year olds and whilst the focus is on the MVC, the booster programme would move out across the Trust area in due course. Mr Harkin reiterated the need to improve vaccination uptake to minimise the impact on hospitals and services.

Mr McGivern thanked Mr Harkin and asked what was an acceptable level of vaccination to keep Covid-19 under control? Mr Harkin said he was not in the position to definitively answer this but said the aspiration was to get to 90-95% of the population vaccinated and that more people have come forward due to the Covid-19 Domestic Certificate. Mr Houston noted that usually infection rates would peak and then reduce but they had remained steady. Mr Harkin said this could be due to the lifting of restrictions and events, such as the one held at The Elk, in Toomebridge, had impacted on rates in both the



Northern Health and Social Care Trust

Mid Ulster and Causeway Coast and Glens Council areas. It was also noted that the number of Covid-19 inpatients had remained steady with around 50 to 60 in Antrim and 15 to 20 in Causeway.

Unscheduled Care:

Mrs Harris then explained why the Trust continued to experience increasing Unscheduled Care Pressures despite the number of Covid-19 inpatients remaining steady. The numbers attending the ED has continued to increase substantially on the same period last year, this puts pressure on inpatient beds, which radiates out across the system. The increasing numbers in EDs impacted on patient flow and also on ambulance turnaround times. Mrs Harris also informed Trust Board of a number of steps being taken to ensure the welfare of patients, staff and ambulance crews. Patients are triaged and clinically assessed for treatment, not by longest wait. A new ambulance turnaround area has also been established. Mrs Harris said it would have been unusual to have more than 100 patients in the Antrim ED, but daily figures around 100 to 110 are the norm. Mrs Harris finished by adding that delayed discharges were also an issue, managing patient flow is crucial and again all patients are triaged and placed by clinical priority.

Mr McCann commended Mrs Harris and her staff on their excellent work and inquired as to whether there were more incidents of violence and aggression towards staff. Mrs Harris responded that there had been more incidents of challenging behaviour due to drugs and alcohol but that the majority of patients work well with staff, although some do not wish to leave the department so there is an increased need for security. There has been new lighting and a call system put in place. Mrs Harris, Mrs Welsh, Mrs Magowan and Mrs Pullins had met with senior nurses in the department, who despite having concerns were very solution focused. Mrs Harris said there continues to be a high senior manager profile in the department.

Mr Corrigan asked how with one in three Covid-19 patients being asymptomatic, this was managed. Mrs Harris explained that ED had a rapid swab service with results available in 15 minutes and any patients with respiratory symptoms are swabbed. There is constant vigilance with input from the Infection Prevention and Control Team and social distancing maintained. Mr Houston commended Mrs Harris on the excellent work carried out and said he admired how she was managing; he said the Performance Report did not do justice to



Northern Health and Social Care Trust

the work and the unrelenting pressure. Mrs Harris said she would pass the thanks onto her staff, who continued to do a fabulous job.

Mr Graham asked if there were ways to help manage the demand, for example, through the Phone First system. Mrs Harris said she continues to work with the Northern Ireland Ambulance Service, and with other divisional directors, to direct patients to the appropriate services and look at innovative ways of working.

Winter Planning:

Mr Martin and Mrs Magowan spoke to the Trust's Winter Plan. The Trust is preparing for a very difficult winter. Mrs Magowan said the plan is to try and increase capacity, support staff and maintain patient experience all whilst looking at the potential for reform. Mrs Magowan further said that it would be unlikely that the Health and Social Care Service will be able to meet all demand as there is no spare capacity or physical accommodation. Workforce remains an issue. Mrs Magowan did mention that there is accommodation available at the Whiteabbey Nightingale facility and that this was offered to the region as the Trust did not have staff available.

Mrs Magowan went on to say that the Trust is planning to convert a portion of the outpatients department into a discharge lounge to help with patient flow, as well as working with community partners to open an extra 15 beds from the beginning of December. Mr Hamill and Mr Martin were working with the contracts team in relation to community beds and the pressures on domiciliary care provision. Mrs Magowan said the Trust was considering setting up a community hub, similar to the acute site co-ordination hub, to enhance the management of community beds and the demand on services. Mrs Magowan stated that the Trust would take all opportunities to work with partners and across the region and assured Trust Board members that all patients will be cared for as well as possible.

Mr McGivern asked what accommodation was available at Whiteabbey Hospital. Mrs Magowan advised that the 30 beds were in use but that 75 beds had been refurbished. The 30 beds were 90% occupied. The Trust does not have the staff to open any further beds.

Elective Care:

Mr McCall remarked that the focus and challenge was on and with Unscheduled Care and asked what had been the impact on elective and scheduled care. Mr Martin noted that the impact of Covid-19 was



Northern Health and Social Care Trust

felt on elective waiting lists. The numbers on the waiting lists had grown steadily from April 2020 to April 2021 and had levelled off since then. Mr McMahon reported that the Trust was currently providing 34% of inpatient theatre capacity for elective care and 15% of Daycase theatre capacity. The workforce appeal had provided some critical care nursing capacity and this enabled the Trust to restart some cataract surgery in the Mid Ulster Hospital. Mr McMahon further advised that there was a regional meeting on time-critical surgery every week and that 15 beds were ring-fenced for time-critical surgery. He noted that if the Trust was required to surge to 14 ICU Beds it would not be able to provide any surgery other than emergency surgery.

In relation to the 14 day breast target, performance had dipped in October, along with a reduction in capacity during that month. The Breast Service received approximately 82 referrals per week and runs on very tight margins. Mr McMahon noted that the team worked very hard and were considering weekend clinics. The service dealt with 25% of the regional demand and had also seen a further growth in red flag referrals. A new radiologist has been appointed and a locum consultant for a period of a year. Mr Martin and Mr McMahon continue to liaise with the Health and Social Care Board (HSCB) and HSCB will carry out benchmarking across the Trusts. There is a recognition of the demand and capacity issues facing the Trust and there will be some resources available. The performance on the 62 and 90 day targets continues to be good but the decrease in the 14 day target will impact on these going forward.

Mr Houston asked if the Trust was able to maximise the theatre slots available. Mr McMahon replied that the limiting factor for theatre use was availability of anaesthetic cover and theatre nursing. The Trust will seek further staffing from the regional workforce appeal. Mr McCann asked what role the Rebuilding Management Board (RMB) played in the management of waiting lists. Mrs Welsh explained the role of RMB and that a group was established to look at a regional list for time-critical surgery. The increase in Covid-19 infections and the increase in ICU beds has meant that staff are not available and therefore it is very difficult to maintain a time-critical service. There are a number of factors that affect the delivery of the service. Mrs Welsh said the focus of RMB was to try and manage all the competing demands.



Northern Health and Social Care Trust

Mr Graham reflected that bringing staff with the Trust was better than mandatory redeployment and reflected the Trust's culture. Mrs Welsh concurred with Mr Graham but added that if the pressures on the service continue to grow, the Trust may have to revisit this. There is a need to continue to reinforce public messages around Covid-19 in order to protect these time-critical services and to protect staff.

Mr Houston referred to the number of 12 hours waits in Antrim and how the numbers in October 2021 were the highest from April 2020 and asked what could be done for the comfort and wellbeing of the patients. Mrs Harris responded that all patients are nursed on a bed and in a ward-type environment. There are extra staff in ED to look after these patients to ensure that they have, for example, regular meals. There is also medical in-reach and dietetic input as required.

TB124/21 Finance Report as at 31st October 2021

Mr Harkin presented the Financial Position as at 31st October 2021. It was noted that the Trust had an opening gap of £68.5million, which had reduced to £20.3million following a review of funding and expenditure. The Trust had received further full year funding for the Whiteabbey Nightingale and for No More Silos. The gap of £20.3million included over £10million of core deficit and £8.4million in relation to Covid-19 costs. The Trust would continue to have discussions with HSCB and Mr Harkin was reasonably confident that the Trust would break-even at year end. The Trust had been asked to analyse potential 'business as usual' savings and the figure was approximately £8.9million for the full year effect of 2021/22.

Mr Harkin highlighted that the divisional positions remain as per previous months and that the Trust continued to liaise with the Department of Health (DOH) and HSCB on funding for demographic pressures.

Mr Harkin drew attention to the spend on flexible staffing, which had increased by £17million to £48million. The main aspect of the spend was on agency nursing staff, including £13.7million on non-contact agency. There was also spend of £8.3million on non-contact medical staff. The Trust will continue to monitor expenditure on flexible staffing.



Northern Health and Social Care Trust

Mr Harkin advised that there was a slight shortfall projected on the Medicines Optimisation savings and that the Trust was currently £1.5million short of the £10.1million savings targets but that this would be addressed in the short term. Regarding spend on Covid-19, of the approximately £33million expended to date, £15million has been used for Personal Protective Equipment (PPE).

The Trust was currently paying 94.2% of invoices within 30 days; just short of the 95% target.

Mr Harkin concluded by saying that the Trust had a recurrent underlying gap of £136million going into 2022/23 and financial planning discussions would be starting with HSCB and DOH.

Mr McCann, referring to the Trust's gap of £136million, asked what was the gap overall for the Health and Social Care Service. Mr Harkin said he believed it could be in the region of £2billion.

Mr McGivern asked about the status of 'Confidence and Supply' funding. Mr Harkin responded that this was covered in the 'New Decade, New Approach' and transformation funding from DOH on a non-recurring basis. Mr Harkin was hopeful of an outcome on these funds in due course.

Mr McCall queried if the Trust was expecting any supply chain or Brexit related issues. Mr Harkin answered that he was not aware of any issues and that any instances of limited supplies were well managed by the Procurement and Logistics Service. Any medication issues were managed on a United Kingdom wide basis. Mr McCall also enquired about energy costs. Mr Harkin clarified that the Trust had hedged its purchases of gas and oil but was still likely to face additional cost pressures. This would be kept under review.

Mr Corrigan asked if the announced pay package for domiciliary care workers would cause inflationary pay pressures for the Trust. Mr Harkin believed that the Minister for Health would be making an announcement on domiciliary care pay and the Trust would monitor for any potential impact on Trust staff.

TB125/21 Workforce Report

Mrs Reid presented the first Workforce Report to Trust Board and advised that it would be refined over the coming months and



presented on a quarterly basis. Mrs Reid introduced the report before asking Mrs Magowan to update on the 'Plea for Help'. Mrs Magowan outlined the actions taken to date and the work that was ongoing with medical and nursing staff.

Mrs Reid then took Trust Board through the report pointing out the support provided to managers for managing absence, including 'Long Covid' and iterated that Staff Wellbeing was at the top of the agenda for all managers within the Trust. Mrs Reid described how the Trust was delivering on Team North, including the recent Chairman's Team North Awards, the Trust's accreditation for a further year by Investors in People and the Leadership Conference.

Mrs Reid then spoke to the sections on absence, appraisal and statutory and mandatory training, before mentioning that the Trust had carried out a Cultural Assessment Tool in the previous year and the Trust had benchmarked very well with the other Trusts. There were two areas for improvement; the Trust's Vision and Quality and Innovation. Mrs Reid said the Trust's vision is part of Team North and staff are getting behind this new version. Mrs Magowan and Mr Martin would be taking forward work on Quality and Innovation.

Mr Corrigan thanked Mrs Reid for a very useful report and said he would be happy to see it back on a regular basis. He raised the matter of staff who were close contact and asked if the Trust was being too risk adverse with ten day isolation. Mrs Pullins responded and outlined the processes undertaken, the advice received and how staff are risk-assessed before they can come back to work safely. Mrs Reid added that working from home had been a great success for staff who needed to isolate but were not patient-facing.

Mr McCall commended Mrs Reid on the report, specifically the section on leadership and talent development and said it was very clear that the Trust had been successful in cascading leadership down the organisation. Mrs Reid told Trust Board that Mrs Welsh had commissioned a piece of work with the Leadership Centre on talent management. Mrs Welsh added that there was both in-house and regional work on talent management, including an aspiring director programme.

TB126/21 Approval of Business Cases

Mid Ulster Hospital Boiler Decentralisation and Oil to Gas Conversion



Northern Health and Social Care Trust

Mr Harkin spoke to the revised Business Case which was re-submitted to Trust Board for approval following the receipt of tender responses. The total cost of the Business Case was for £751,000 and funding of £150,000 had been applied for from the Invest to Save energy investment improvement scheme. The scheme would produce savings of £57,000 per annum.

Mr Harkin undertook to check on the reason for increased costs. Mr McGivern asked if the option of renewables had been looked at. Mr Harkin said not at this stage, for this site, but the use of renewables was being actively considered in the medium term for other sites.

Trust Board approved the Business Case.

Moyle Hospital Outpatients: Replacement Roof

Mr Harkin presented the Business Case for the replacement of the Roof for Moyle Hospital Outpatients Department. The total capital cost was £313,481, with £25,548 from the 2021/22 capital programme and the remainder from 2022/23.

Trust Board approved the Business Case.

TB127/21 Capital Report as at 31st October 2021

Mr Martin presented the Capital Report as at 31st October 2021 and noted that the programme was progressing well. Mr McGivern asked if there were any issues with the business cases outstanding from Estates. Mr Martin replied that there was not.

TB128/21 Use of Trust Seal

Trust Board noted the instances where the Trust Seal had been used.

TB129/21 Any Other Business

There were no items of Any Other Business raised.

TB130/21 Public Questions

There were no public questions.

TB131/21 Date of Next Meeting



Northern Health
and Social Care Trust

10:00am on Thursday 27th January 2022