

**Minutes of the One Hundred and Forty Second Trust Board Meeting held on  
Thursday 24<sup>th</sup> March 2022 at 10:00am via Video-conferencing**

**Present:**

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

**In attendance:**

<b>Mrs Wendy Magowan</b>	<b>Director of Operations</b>
<b>Mrs Jacqui Reid</b>	<b>Interim Director of Human Resources and Head of Office</b>
<b>Mrs Audrey Harris</b>	<b>Interim Divisional Director of Medicine and Emergency Medicine</b>
<b>Mr Kevin McMahan</b>	<b>Interim Divisional Director of Surgical and Clinical Services</b>
<b>Mr Nick Carson</b>	<b>Head of Communications</b>
<b>Mr Neil Martin</b>	<b>Interim Director of Strategic Development and Business Services</b>
<b>Dr Petra Corr</b>	<b>Interim Divisional Director of Mental Health, Learning Disability and Community Wellbeing</b>
<b>Mr Paddy Graffin</b>	<b>Interim Director of Integrated Care</b>
<b>Mrs Denise Quinn</b>	<b>Assistant Director, Community Care (on behalf of Roy Hamill, Director of Community Care)</b>
<b>Mrs Karen O'Kane</b>	<b>Executive Office Manager</b>
<b>Mr Aaron Carey</b>	<b>Boardroom Apprentice</b>

**TB23/22      Apologies**

Apologies were received from Mr Roy Hamill, Interim Director of Community Care.

**TB24/22 Conflicts of Interest/Declarations of Interest**

There were no conflicts of interest declared.

**TB25/22 Chairman's Report**

Mr McCann began his report by informing Trust Board that the Trust received correspondence from the Department of Health (DOH) re-activating Sponsorship and Governance Arrangements for the 2022/23 financial year. The Trust's full internal governance arrangements would also be in place.

Mr McCann had undertaken a visit, his first in two years, to both Causeway and Antrim Area Hospitals. He commented that staff were very tired following the very challenging two years of the pandemic. The pressure on staff had been relentless. Mr McCann provided feedback from a staff member who had decided to leave the service, despite the support offered by the Trust. He said it was important for the Trust to be cognisant of the pressure on staff.

Mr McCann referred to the upcoming Assembly Elections and advised that, as the period of purdah would be commencing, there would be no political activities undertaken.

Mr McCann noted that the Health and Social Care Board (HSCB) would be closing at the end of March 2022 and responsibility, and staffing, would transfer to DOH under the newly formed Strategic Planning and Performance Group (SPPG).

**TB26/22 Chief Executive's Report**

Mrs Welsh thanked the Chairman for his report and noted that all Trust teams had an incredibly busy two months since the last Trust Board meeting in January 2022. The restrictions in relation to Covid-19 have largely been lifted and the public had, in many cases, returned to life, as it was pre-pandemic. Community transmission, however, remained high, as does the Trust's absence rate, as many staff were required to self-isolate. Mrs Welsh stated that Personal Protection Equipment (PPE), social distancing and restricted visiting arrangements remained in place to protect patients and clients. Mrs Welsh asked that members of the public be patient as staff continue to work under difficult circumstances.

Mrs Welsh also referred to the ending of the current Northern Ireland Assembly mandate and that Ministers, Committees and Member of the Legislative Assembly (MLA) were working hard to deliver on various pieces of legislation and consultations before the term ended. Mrs Welsh took the opportunity to formally note some important items of business being taken forward by Robin Swann, Minister for Health.

The first of these was the consultation on the Review of Urgent and Emergency Care, which the Minister launched at a Health Summit on 16<sup>th</sup> March. The consultation will run until 15<sup>th</sup> June 2022. The Health Summit was the second convened by the Minister and involved a wide range of stakeholders from across Health and Social Care including colleagues from DOH and HSCB, Trust Chairs and Chief Executives, Medical Directors and representatives from Royal Colleges and other professional groups. The summit took the form of a virtual workshop with the Minister clearly setting out the challenges across the health and social care service. The service was also considering opportunities and how to maximise these and overcome challenges. A report will be produced.

In respect to the Urgent and Emergency Care Consultation, Mrs Welsh said the pressures in relation to unscheduled care were well known and could no longer be defined as winter pressures; they are a daily occurrence for the service. A review of Urgent and Emergency Services began in 2018 but was paused due to the pandemic and work only recommenced in Autumn 2021. The DOH remains of the view that the Review Team Report produced in 2020 was still relevant and that the strategic direction as set out in the consultation report provided an appropriate response to the long-standing issues. The review also continued the strategic direction set out in the No More Silos Action Plan and the Intermediate Care Project. The themes included items such as accessibility, co-ordination, standardisation and silo working through to discharge. The paper acknowledged that the proposals in the consultation would take considerable time to implement in full and required significant additional strategic funding. Mrs Welsh encouraged people to read the consultation and it would be brought back to a Trust Board workshop before the consultation closed.

The Minister also published a 10 Year Cancer Strategy. Cancer services were hugely challenged prior to the pandemic and Northern Ireland was still experiencing significant capacity and workforce



challenges across a range of cancer services. Mrs Welsh said there were 60 high-level recommendations in the strategy across four key themes; prevention, diagnosis and treatment, supporting people to live and die well and implementing the strategy. Mrs Welsh outlined what the Minister said when he launched the strategy and noted that an important step forward for the key theme of diagnosis was the creation of two prototype Rapid Diagnostic Centres, which will serve patients across Northern Ireland. One of the centres is planned for the western part of Northern Ireland, at South Tyrone Hospital, and one in the east and Mrs Welsh was pleased to announce that Whiteabbey Hospital had been selected as the location. It was noted, however, that the plan was only in the conception stage at present but the Minister's approval of Whiteabbey as a prototype allowed the Trust to move forward with the next stage of exploratory work. Trust Board would be kept updated.

Mrs Welsh said there was much to look forward to and later on the agenda the Trust's Corporate Plan for 2022/23, and the Capital Plan for the same period, would be presented to Trust Board. Mrs Welsh added, however, that she must acknowledge the very challenging circumstances faced by all Trust services over the past few months. Mrs Welsh referred to the pressures faced by the Trust's Acute, Community, Mental Health and Children's Services. Mrs Welsh said it was unfortunate that pressures on health and social care were most evident at Emergency Departments and Trust Board were aware that both Antrim and Causeway Hospitals operated beyond capacity. The pressure across all Northern Ireland hospitals meant it was impossible to divert ambulances away from sites under pressure – such was the level of strain across the entire system.

Mrs Welsh reassured Trust Board that the senior team were fully cognisant of the challenges faced by staff working in Emergency Departments and of the moral distress experienced by staff who are often caring for patients whose needs would be more appropriately met within the correct ward environment. Mrs Welsh added that she and her colleagues were exceptionally concerned that there appeared to be no immediate solution to reduce the systemic pressures on Emergency Departments. She also acknowledged the efforts of all Trust staff for their commitment and actions in continuing to meet the needs of patients and to provide the best possible care in very difficult circumstances. The Trust would continue to escalate concerns through all appropriate fora and to provide all support measures

available to care for those who require care, as safely as possible, and to staff.

In concluding her report, Mrs Welsh noted that Wednesday 23<sup>rd</sup> March 2022 was the second anniversary of the first Covid-19 lockdown and it was the second Marie Curie Day of Reflection. Trust staff took the opportunity for a moment's silence, across a number of sites, to remember those lost over the past two years and to reflect on the extraordinary commitment, dedication and sacrifice of those working in Health and Social Care. Mrs Welsh finished by saying that the service could look forward with hope, but there also needed to be tangible and pragmatic action to alleviate the significant pressures facing Trust staff.

## **TB27/22 Account of Employee Experience**

Mr McCann reminded Trust Board of the importance of the accounts received from patients and clients and explained that, due to Covid-19, it was not always possible to have a patient attend. In those circumstances, Trust Board would hear from employees. Mrs Pullins then introduced Kate Lagan and Bernadette Campbell, both members of Trust staff who undertook additional roles as part of the Trust's 'Plea for Help' campaign.

Kate told Trust Board she was employed as a Communications Officer in the Trust but had been working as a housekeeper as part of the campaign. Kate outlined her own experience and said it was a very eye-opening and enjoyable experience, which she was still doing on a weekly basis. Kate said she would be more than happy to do the work again.

Bernadette said she was a dietitian based in Antrim Hospital but had been undertaking the role of Family Liaison Officer. Bernadette explained that her role was to act as a communication link between families and Trust staff. She reflected that the role had helped her improve her own communication skills and that communication was at the heart of good care. The role enabled her to follow the patient's, and family's, journey and to help deal with the emotional needs of both. Bernadette also paid tribute to Catherine McGovern, Lead Nurse, for her leadership of the Family Liaison Team, and said she was grateful to have been included.

Mr Houston thanked both staff members and said what they had done was quite impressive and over and above carrying out their day jobs. Mr Corrigan concurred with Mr Houston and thanked Kate and Bernadette on behalf of Trust Board. Mr Corrigan had also undertaken shifts as a housekeeper and said it was a service that could be useful moving forward.

Mrs Harris added that it was hard to underestimate the emotional impact and support provided to her staff by those undertaking the 'Plea for Help' and thanked Kate and Bernadette for their help. Mrs Magowan told Trust Board that she was working towards developing a staff bank for these type of roles, as it was an untapped resource. Mrs Magowan also thanked Bernadette and Kate for their amazing work.

Mr McCann concluded by saying how important the work undertaken by the 'Plea for Help' staff had been and passed on sincere thanks from other staff, patients and Trust Board members.

**TB28/22      Minutes of Meeting held on 27<sup>th</sup> January 2022**

The minutes of the previous meeting were agreed as a true and accurate record of the meeting on the proposal of Mr McCall and seconded by Mr Corrigan.

**TB29/22      Matters Arising**

There were no matters arising.

**TB30/22      Performance Report as 28<sup>th</sup> February 2022**

Mr Martin began by advising Trust Board that his presentation on the Performance Report as at 28<sup>th</sup> February would concentrate on four main areas, Covid-19, Unscheduled Care, Allied Health Professionals (AHPs) and Mental Health.

Covid-19:

Mr Martin remarked that the Covid-19 testing data was no longer a useful indicator because of the reduced PCR testing. It was likely that the figures reported were an under-estimate. He noted that the data indicated a similar level of community spread across the whole of Northern Ireland. In relation to inpatients, there were approximately





60 Covid-19 patients in Antrim Hospital with around 15 in Causeway. During the same period last year, the peak was lower but there were still significant numbers of inpatients. There has been a low conversion of patients into the Intensive Care Unit but there remains an impact on patient pathways and high absence levels across the Trust.

Unscheduled Care:

Mr Martin referred to the deteriorating position on ambulance turnaround times, which was reflective of the pressure on the whole Health and Social Care system. The 4-hour performance had also deteriorated, particularly in the past few months. The current level of 4-hour breaches on the Antrim Hospital Site was the highest it had been for a number of months. Mr Martin said the performance must be looked at in the context of bed occupancy running at over 100%; all hospitals had been at this level for several months. This was not purely an issue for Antrim Hospital or the Emergency Department but was indicative of the pressures across the system.

Mrs Harris told Trust Board that the pressure on the Emergency Department was relentless and capacity remains the challenge. The team are constantly looking for all efficiencies, including revising rotas and identifying appropriate pathways. There are senior staff in the department at all times and the Site Co-ordination Hub continues to operate. Mrs Harris referred to the increasing number of admissions from the over-75 age group and alluded to the issues with lack of capacity in community care, especially domiciliary care. Mrs Harris added that ambulance turnaround times were a challenge for staff and delays do not sit well with them. The Trust will be meeting again with the Northern Ireland Ambulance Service. The Trust are also examining ways to increase capacity and this is what staff need to hear.

Mr Houston asked about complex cases required to be discharged in 24 hours and if the discharge lounge was still in use. Mrs Harris advised that the new discharge lounge in Antrim was in use and takes all types of discharges, seven days a week; however, Covid-19 adds a complexity to this. Mrs Harris said that complex discharges were reviewed up to five times a day but there remained an issue around domiciliary care availability, especially for one to one placements. Family choice can also cause delays but staff take time to understand all aspects of discharge and review all complex discharges. The demands on unscheduled care did not just affect Medicine and



Emergency Medicine but all services. Mrs Magowan informed Trust Board that work was ongoing to establish a community hub; based on the model used in unscheduled care, and that there had been learning from the past winter. The provision of community beds would also be reviewed and work undertaken to dovetail the arrangements between unscheduled and community care. Mrs Quinn echoed the complexities of discharge planning and the importance of getting the right patient to the right place. The community hub would help with this.

Mr Houston asked how patients waiting more than 12-hours were managed; Mrs Magowan assured him that all are medical assessed, clinically triaged and nursed appropriately. There had been some instances of patients being nursed on trolleys but the majority are in a bed. Mrs Harris reiterated that patients are treated on their assessed needs and clinical priorities.

Allied Health Professionals (AHPS):

Mr Martin asked each of the responsible directors to speak to their area of responsibility for AHPS.

Mr McMahon spoke on Physiotherapy and noted that the ability to deal with the demand/capacity gap had been affected by Covid-19, infection control measures and staff absence rates of up to 17%. The service was receiving approximately 160 new referrals a month and, in many cases, face-to-face appointments were required. Mr McMahon outlined the actions to be taken including redirecting areas of underspend towards areas of highest risk and moving staff into other teams. The agreed gap between demand and capacity was 8% and Mr McMahon said it would be possible to recover that position.

Mrs Harris then spoke to the Dietetics position and said there were 988 13-week breaches. This was an improving position and the Trust was now delivering approximately 573 appointments a month. The gap between demand and capacity was about 40 appointments per month. Mrs Harris outlined the reasons for the breaches and the actions taken to date including employing new graduates and re-profiling the workforce. Mrs Harris said it was a challenging service with multiple referral points. Mr Graham referred to the increasing number of paediatric dietetics referrals and asked if there was a risk with these and why the numbers had increased. Mrs Harris replied that, as with all services, referrals are risk assessed and prioritised.



Mr McMahon advised that quite a number of referrals were in relation to potential allergies, including to nuts.

Mrs Quinn provided an update on the occupational therapy position and said that 78% of waits were seen within the 13-week target and 22% outside the target. There was a gap between demand and capacity and routine work had been reduced, with staff redeployed to critical service due to Covid-19. Mrs Quinn outlined the actions being taken and advised that there was a recovery plan in place.

Maura Dargan informed Trust Board that the position in Speech and Language Therapy (SLT) was similar to other specialties. The challenges faced included a demand and capacity gap and staffing. Covid-19 had significantly affected adult SLT in particular, with routine work stood down to facilitate Covid-19 services. Maura Dargan said that a plan to deal with the backlog would be needed but the service was still managing Covid-19 absence and staffing deficits. Paediatric SLT faced the same challenges but had the additional complication of school closures to deal with. The service model will be reviewed as well.

In Orthoptics, Mr McMahon indicated that demand and capacity were in balance and the impact was purely due to Covid-19. The service had carried out additional clinics and pulled the position back. There is still a small backlog in relation to review patients.

Dr Corr then spoke about waiting times in Mental Health Services. The breaches in Adult Mental Health were largely due to staff turnover in community addiction services and the complex co-dependencies of patients. Dr Corr was concerned to be in this position and said that whilst the service is working on a recovery plan, it was unlikely the position would improve rapidly. Dr Corr further explained that the deteriorating position in relation to waits for dementia services had occurred due to Covid-19, as patients did not wish to leave home for appointments and a virtual approach was not suitable for these assessments. The service was carrying out a waiting list initiative but again this was affected by staff absence. The division was examining the opportunity for service developments. Dr Corr finished her update by speaking on psychological therapies, which had seen an increase in those waiting over 13 weeks. Dr Corr outlined the reasons for this, including, loss of capacity, staff absence as well as increasing demand and complexity. There is also a NICE clinical requirement for

the service to prioritise peri-natal mental health and available capacity is used for these referrals.

In response to a question from Mr Graham on performance monitoring and rebuilding, Mr Martin said the Trust would continue to measure against the Service and Budget Agreement and other targets. The Trust will review its monitoring arrangements in due course, once the new departmental arrangements have bedded in.

Mr McCall mentioned that it was good to see that the waiting times for endoscopy were improving. He also asked if there was a workforce plan in place to recruit and retain staff. Mrs Reid responded that the service was hopeful that a regional Health and Social Care Workforce Strategy would be issued. The service was currently working on enhancing the service's skill base, as well as carrying out a review of recruitment processes, to attract and recruit staff in a timely manner.

## **TB31/22 Finance Report as at 28<sup>th</sup> February 2022**

Mr Harkin presented the Financial Position as at 28<sup>th</sup> February 2022 and said the Trust was projecting a breakeven position. The Trust had faced a gap of approximately £68million but this was managed down by a number of actions. Mr Harkin noted that the Trust had made some savings from the standing down of services due to the Covid-19 pandemic and the receipt of non-recurrent funding, including £10million from 'New Decade, New Approach'. Mr Harkin said the Trust would be looking at how the services could be funded in the future. Mr Harkin referred to a letter received from the Director of Finance at DOH, outlining the consequences of a budget not being agreed and informed Trust Board that the baseline budget for Health was £6.1billion, which was £0.7billion less than in 2021/22. Mr Harkin said the Trust was facing a very challenging financial position and the DOH were aware of this. The Health and Social Care Service had been asked to contain any increases in spending and not to set up new services without agreed funding. It will be for the new Northern Ireland Assembly to agree a new budget. The capital aspect of the budget will be closely managed and inescapable pressures will be dealt with. Mr Harkin finished by saying that the Trust would continue to work closely with DOH and HSCB.

Mr Corrigan referred to the Principle Risk Document, which said the financial position was still a risk, and asked if this was necessary now that the Trust was projecting breakeven. Mr Harkin responded that,



looking forward into 2023/23, the Trust was still facing a very challenging financial position.

Mr McCall asked if the Trust faced a risk in terms of rising costs for Heat, Light and Power (HLP). Mr Harkin responded that in 2021/22 the Trust were covered but into 2022/23 there was a £10million pressure submitted to the DOH and the Trust would continue to engage regionally. Mr Harkin also referred to recent media reports regarding travel expenses for Trust staff and the pressure associated with the rising costs of fuel. Regional discussions were ongoing, as Trusts could not act unilaterally on this. Mrs Reid added that the matter was discussed at a recent 4 Nation Summit and Directors of Human Resources had emphasised the urgency to the DOH. Both Trust Staff and those working for the independent sector were affected and the Trust was working to assess the impact of the price rises.

Mr Houston drew attention to the gap in funding for the prototype and Mr Harkin advised that this was in relation to the partnership prototype with General Practitioner colleagues and was managed in-year with non-recurrent funding. Discussions on funding going into 2022/23 were progressing with HSCB.

## **TB32/22 Team North People Report**

Mrs Reid spoke to the Team North People Report, which was a new report for Trust Board and asked for feedback from Trust Board members. Mrs Reid highlighted the headlines in the report, including, for example, absence, workforce statistics, employee relations cases and statutory and mandatory training, as well as the Trust's Cultural Framework.

Mr Graham said it was a very useful document, with a user-friendly format, and suggested that the inclusion of some concluding points would be useful. He also asked how the Trust would go about resetting processes such as appraisal following Covid-19. Mrs Reid replied that the Trust had used a Health and Wellbeing Appraisal during 2021/22 and would continue this in to the first quarter of 2022/23. In respect of absence, Mrs Reid was hopeful that the additional supports put in place would help deal with work-related stress. Mrs Reid would also add a conclusions section to the report.



Mr McGivern asked that consideration be given to looking at trends or themes in relation to grievance cases.

**TB33/22 Standing Financial Instructions**

The Standing Financial Instructions (SFIs) were presented to Trust Board for approval. The SFIs set out the financial responsibilities of staff and the business rules for the Trust. Mr Harkin said they had been updated as part of the governance process, which requires that both the SFIs and Standing Orders be periodically reviewed.

There had been no significant changes to the SFIs and Audit Committee had sight of the document.

Trust Board approved the Standing Financial Instructions.

**TB34/22 Corporate Plan 2022/23**

Mr Martin explained that the Trust had a one year Corporate Plan in place for 2021/22 due to the Covid-19 Pandemic and had been asked again to roll forward with a one-year plan into 2022/23. The Plan was presented to Trust Board for approval.

Mr Graham asked about the impact of the lack of a budget on Renewing Our Vision and the role of the Trust's benchmarking group. Mr Martin agreed to put these matters on the agenda for the Trust's Performance and Finance Committee. Mr McCann asked, in relation to benchmarking, if information was shared across Trusts. Mr Martin responded that, at present, the Trust's group was internal only and was established to take a strategic approach to benchmarking. Mr McMahan added that there was now more of an appetite regionally and gave Breast Services as an example. Mr McMahan would also raise this at the regional waiting list group in the first instance. Mr Graham concurred that benchmarking information was important and was key to informing commissioning decisions. Mr Harkin reflected that previously benchmarking would have been focused on finance but he was hopeful that it would receive a renewed focus under the new Strategic Planning and Performance Group (SPPG) at the DOH.

Mr McCall queried if the Trust had a commitment to reduce its carbon footprint and if it would be referenced in the Corporate Plan. Mr Martin said it was addressed briefly under optimising resources but he would enhance the section.

Trust Board approved the Corporate Plan for 2022/23.

**TB35/22 Write Off of Losses**

Mr Harkin presented two losses, one for approval and one for noting.

The write off, for noting, related to damage caused by the fire at the Route Laundry facility and had been approved by the DOH, given the value.

The loss for approval was for a client contribution debt, which the Directorate of Legal Services had confirmed was unlikely to be recovered.

Trust Board approved the loss for write off.

**TB36/22 Capital Programme as at 28<sup>th</sup> February 2022**

Trust Board noted the Capital Programme update, which was on course to be fully delivered in-year.

**TB37/22 Capital Plan 2022/23**

Mr Martin presented the Capital Plan for 2022/23, which outlined how the Trust intended to move forward with its capital programme.

Mr Houston asked about the £690,000 set aside for the replacement of the Route Laundry roof and asked what had caused the previous fire and would the replacement scheme reduce the chances of a reoccurrence. Mrs Pullins explained that the fire had been caused by the drying of mop heads because of a machinery breakdown. There had been no deviation from the normal processes. Mr Graffin added that the new scheme would be designed to all relevant fire safety standards.

**TB38/22 Principal Risk Document**

Trust Board noted the Principal Risk Document, which had been discussed at the Assurance Committee meeting on 10<sup>th</sup> March 2022.



Minutes of the Audit Committee Meeting of 13th October 2021:  
Mr Corrigan reported that the Report to Those Charged with Governance had been presented at the October Audit Committee meeting along with a number of internal audit reports.

Minutes of Charitable Trust Funds Committee Meeting of 7th October 2021:

Mr Houston thanked Mr McGivern, who had chaired the October meeting of the Charitable Trust Funds Committee on his behalf. He noted that he was assured that the Trust was managing its charitable funds well.

Minutes of Assurance Committee Meeting of 9th December 2021:  
Trust Board noted the final minutes of the Assurance Committee.

**TB40/22      Use of Trust Seal**

Trust Board noted the occasions on which the Trust's seal was used.

**TB41/22      Any Other Business**

There were no items of any other business raised.

**TB42/22      Public Questions**

There were no public questions.

**TB43/22      Date of Next Meeting**

The next meeting will be held on Thursday 26<sup>th</sup> May 2022 at 10am.