

**Minutes of the One Hundred and Forty Third Trust Board Meeting held on
Thursday 26th May 2022 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
Maura Dargan	Executive Director of Women, Children and Families
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 Wendy Magowan	Director of Operations
Mrs Jacqui Reid	Interim Director of Human Resources and Head of Office
Mrs Audrey Harris	Interim Divisional Director of Medicine and Emergency Medicine
Mr Nick Carson	Head of Communications
Mr Neil Martin	Interim Director of Strategic Development and Business Services
Dr Petra Corr	Interim Divisional Director of Mental Health, Learning Disability and Community Wellbeing
Mr Paddy Graffin	Interim Director of Integrated Care
Mrs Diane Spence	Interim Director of Community Care
Mrs Karen O'Kane	Executive Office Manager

Members of the Public:

Mr David McCann	Assistant Director (Observer)
Michelle Weir	Journalist

TB44/22 Apologies

Apologies were received from Mrs Suzanne Pullins, Executive Director of Nursing and User Experience and Kevin McMahon, Interim Divisional Director of Surgical and Clinical Services

TB45/22 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest declared.

TB46/22 Chairman's Report

Mr McCann began by congratulating Mrs Jacqui Reid on her successful, permanent, appointment to the post of Director of Human Resources, Organisational Development and Corporate Communications.

Mr McCann reminded those present that whilst the number of Covid-19 cases had decreased, pressures remain on all Trust services.

The Chair was hopeful that Trust Board would be able to return to in-person meetings as soon as appropriate guidance permits.

Mr McCann told Trust Board he met with Professor Ray Jones, who is leading on the Review of Children's Services and was impressed by Professor Jones' knowledge, energy and determination to ensure recommendations are implemented. Mr McCann was looking forward to the outcome of the review.

Mr McCann had also met with a local group who have an interest in the development of The Lanyon House on the Whiteabbey Hospital Site. He explained to the group that the Trust planned to develop a health hub on the site, in due course, and this would include the Lanyon House.

TB47/22 Chief Executive's Report

Mrs Welsh reported that, since the last Trust Board, the number of Covid-19 cases had decreased but pressures remain on many of the Trust's services, including hospital throughput. The Trust's focus would now be on increasing access to services, whilst maintaining patient and staff safety in line with all relevant guidance.

Mrs Welsh welcomed the recent Ministerial announcement regarding further waiting list initiatives.

Mrs Welsh informed Trust Board that she, and her senior team, had recently met with the new Permanent Secretary at the Department of Health (DOH) Mr Peter May during his recent visit to the Trust. Mr May had heard about the challenges and opportunities facing the Trust.

Mrs Welsh also assured those present that the Trust had appropriate pathways in place to deal with the recent emergence of the Monkey Pox virus.

TB48/22 Account of Patient/Client Experience

Mr McCann reminded Trust Board of the importance of hearing from service users and asked Maura Dargan to make introductions to those attending.

Maura Dargan welcomed and introduced Mr Lloyd Ewart, Personal Advisor, 16+ Team, and Thomas, a former service user. Mr Ewart gave a background to the 16+ Service and Thomas' own experience of the service before asking Thomas for his reflections. Trust Board members heard how Thomas had taken the opportunity to spend a summer working at a residential camp for children with special needs, before undertaking an access course to gain admittance to Liverpool John Moores University. Following this, he completed a Masters in Law from Ulster University and was currently working at a law firm in Belfast. Thomas credited the support he received from the service to build his confidence and enable him to undertake these opportunities.

Mr McCann asked if there were aspects of the service that could be improved upon. Thomas and Mr Ewart remarked that supported accommodation could be difficult to source for those aged over 16 and could sometimes be a challenging environment.

Mr McCann thanked Thomas and Mr Ewart for attending and sharing Thomas' experience. Maura Dargan also thanked them both and commented that Mr Ewart was very well respected by staff in the 16+ service and very well-liked by the young service users.

TB49/22 Minutes of Meeting held on 24th March 2022



The minutes of the previous meeting were agreed as an accurate record on the proposal of Mr McCall and seconded by Mr Houston.

TB50/22 Matters Arising

Cost Pressures: Mr Harkin referred to the previous discussion on travel expenses and advised that this was less of an issue at the beginning of a new financial year. Mrs Reid added that regional discussions were ongoing, following changes in England and Wales. No decision has yet been made for Northern Ireland.

TB51/22 Performance Report as 30th April 2022

The following matters were discussed as part of the presentation of the Performance Report as at 30th April.

Covid-19:

Mr Martin informed Trust Board that the number of Covid-19 positive inpatients continued to decline steadily in both Antrim Area and Causeway Hospitals. Mrs Harris reported that there were currently 11 inpatients in Antrim and 5 in Causeway. The Trust, however, still maintains all Covid-19 pathways and protocols which puts pressure on its' services. Mrs Harris added that the Trust still seen Covid-19 positive presentation at the front door and still carried out Covid-19 assessments. The numbers of patients over 75 attending the Emergency Department was still increasing with a higher occurrence of elderly and frail patients. Mrs Harris said the requirements to social distance and wear masks in the Emergency Department was confusing for patients as they are not required in other places.

Elective Rebuild:

Mr Martin said that many elective services were significantly impacted during the height of the pandemic but that the Trust was now focusing on rebuilding towards pre-pandemic levels of elective activity. Mr Martin referred to a number of charts and asked the divisional directors to comment on their services.

Mental Health: Dr Corr said the intention for Mental Health was to plan for psychological therapies to exceed 100% and the service was doing some very innovative work. In relation to adult autism, the plan was to get to 48% of the pre-pandemic provision. Dr Corr noted that this was a small service, with seven team members, and the



challenges faced were multi-faceted, including, a number of staff vacancies and the need to carry out face-to-face appointments. Dr Corr added that the situation was similar in adult mental health and dementia.

Children's Services: Maura Dargan said that the issues facing Child and Adolescent Mental Health (CAMHS) and autism, were similar to those in mental health. Mr McGivern asked what support was offered to those waiting for a first appointment. Maura Dargan explained that those waiting would have been assessed and if circumstances changed, would be triaged again. Those waiting for an autism diagnosis would be offered an intervention service. Mr McCann said the waiting list continued to grow and was there an expectation this would continue. Maura Dargan responded that she did expect it to increase but it was a very well managed service and high need patients were seen quickly. Without additional funding and investment, it would be difficult to reduce the list substantially. In relation to Health Visiting, the service had been significantly challenged for a number of years with a deficit in qualified staff. A service was provided during the pandemic, so there would be less of a rebuild required.

Community Care: Mrs Spence advised that domiciliary care services were facing a year on year increase but the Trust was committed to supporting people in their own homes. The independent sector domiciliary care service was back to pre-pandemic levels, but the Trust's internal service was facing issues with sickness absence and vacancies. Recruitment remains a concern but the Trust is not an outlier in the region. Mrs Spence said that absence had started to reduce, as was Covid-19 self-isolation. The Trust has targeted recruitment plans in place, with a recent event held in Cookstown, and similar planned for other localities. Mrs Spence was hopeful of an improvement in the in-house service in due course. The provision of short breaks was impacted by staff availability and Mrs Spence was confident that the full service would be up and running soon. Mr McCann asked what day centre provision was currently available. Mrs Spence responded that it was approximately 87% but there was still some room for improvement.

Allied Health Professionals: Mrs Magowan outlined that the plan for Physiotherapy was to get back to 60%, which she acknowledged was a disappointing position versus what was delivered pre-Covid. Mrs Magowan said there were a number of challenges, including a high

number of vacancies and an inability to recruit locums. Infection Control measures and social distancing have an impact. The service does have a high level of patients that 'do not attend'; therefore, clinics will be overbooked. The service has plans in place to increase capacity.

Outpatients:

Medicine & Emergency Medicine - Mrs Harris commented that the specialties had been severely affected by Covid-19 and staff absence and isolation. Cardiology and thoracic services had experienced significant growth in inpatient services, which impacted on outpatients. Cardiology also seen an increase in 'do not attend' rates. This will be reviewed and there is a new consultant taking up post. Validation exercises will also be carried out for thoracic and nephrology services. Thoracic referrals will be reviewed and patients sent for appropriate tests. A triage exercise will also be carried out on nephrology services and will be taken into account for the next projections.

Surgical and Clinical Services: Mr McMahon noted that social distancing requirements had affected the capacity orthodontics could offer but the division was working with Infection Control staff. Other specialities were on the way to pre-pandemic levels.

Women, Children and Families: Maura Dargan reported that all specialties, with the exception of paediatrics and urodynamics were projected to reach over 100%. Red flag and urgent referrals were seen within three weeks. The position in urodynamics was reflective of the number of referrals received; capacity has met the demand.

Inpatient/Day Cases:

There was still some room for improvement in getting access to theatres back to pre-pandemic levels. Wendy Magowan added that it was good to see that breast surgery was over-performing but noted that it was only a short time from theatre staff were redeployed into Critical Care. There were also a number of new staff who require supervision and induction. The team was working to increase capacity, with a plan to get to 26 inpatient sessions by the end of June. This represented 80% of pre-pandemic performance. There was also a review underway in endoscopy.

Mr Graham asked if the new waiting list initiative announced for the South Tyrone Hospital would have an impact on the Northern Trust. Mr Martin responded that this was an investment into new elective

care centres and was set up with a level of regional access. There should be some impact on Trust waiting lists but it would be complex, with work ongoing to address need.

Mr Houston referred to page 25 of the performance report and ambulance turnaround times at Causeway Hospital. Mrs Harris reported that ambulance attendances had increased and attendances by over-75 year olds as well. Space in Causeway was limited and it was difficult to isolate patients so swabbing took place in ambulances. The Trust continues to work with Northern Ireland Ambulance Service (NIAS) to review arrivals and that Causeway Hospital did not have a hospital ambulance liaison officer (HALO) on site. Mrs Harris added that pressure in Antrim Area Hospital leads to pressure on the Causeway site. Causeway had a challenging physical environment. Mr Corrigan said the report did not show increased attendances in Causeway. Mrs Harris said Causeway absorbed pressure from Antrim and assured Trust Board that ambulance turnaround times were a key focus and she would continue to work with NIAS and that all internal measures that could be taken, were taken; not having a HALO was an issue. Mrs Harris did not find the situation with ambulance turnaround times acceptable.

There was also an increase in complex discharge breaches in Causeway and Mrs Harris gave an assurance to Trust Board that the site coordination model was the same in both Causeway and Antrim Hospitals with a multi-disciplinary approach and at least two daily discharge meetings. Mrs Magowan said she was not aware of any other organisation, which focused so much on discharges. Covid-19 exposure, and positive pathways, coupled with a decrease in domiciliary care availability, made discharges more complex. Mrs Spence and her team are looking at reform within the division and are establishing a community care hub, which would mirror the acute approach. There was also an increase in numbers requiring one to one care. Mrs Magowan said the division was looking at how to use the community bed stock and Mrs Spence added that these were also reviewed on a daily basis. There can also be an issue in Causeway with patients requiring discharge to other Trusts, which adds a further challenge.

Mr Harkin presented the year-end financial position and confirmed that the Trust would be reporting break-even against spend of just over £1 billion. The capital resource limit was also met, with a capital spend of £31.4 million and a small over-spend of £72,000. Mr Harkin said this was a major achievement given the complexities of the market.

Moving forward into 2022/23, the Trust was projecting an underlying gap of £72 million and Mr Harkin said it would be a challenging financial position and he would keep Trust Board informed. A number of financial pressures, including costs associated with Covid-19, would roll forward.

Mr McGivern asked if there were any accounting issues and Mr Harkin explained that the Trust continued to work with the region on a financial accrual concerning the PSNI holiday pay.

Mr Graham mentioned the spend of £11 million on agency and locum costs and asked if this was likely to continue to increase in the next financial year. Mr Harkin said the main issue was non-contract agency spend and the Trust continued to work on a regional approach. Recruitment and retention was an issue across the United Kingdom and a more robust workforce planning approach was needed.

TB53/22 Board Governance Self-Assessment

Mr McCann reminded Trust Board that the Board Governance Self-Assessment should be independently verified every three years but, due to the Covid-19 pandemic, this had been deferred until this year. The Chair reminded members that the self-assessment had in the first instance been reviewed in detail by the Chair, Mrs Reid, Head of Office and Miss O'Kane, Board Secretary before then being issued to all members for their comments/amendments. Mr McCann thanked members for their comments, which had now been incorporated into the report. There had also been some discussion around the development needs of the board and Mr McCann asked if Non-Executive members had any thoughts on the matter to direct them to him and he and Mrs Reid would consider further.

Mr McCann drew attention to the completed case study, which concerned the assurance provided to Trust Board on Breast Services and the consideration the board gave to the matter.

Trust Board approved the Board Governance Self-Assessment.

TB54/22 Approval of Business Cases

- **Newtownabbey Business Case**

Dr Corr presented the business case and noted that as part of Transforming your Care 2011 strategic document, a hub and spoke model for integrated care centres was proposed. Newtownabbey had been prioritised as a hub in the second tranche. The preferred option was option 7a, which creates a modern site, utilising the Lanyon building, creates dual site access and is less disruptive for staff and service users. The benefits included co-location of services, improved accessibility and enables the Trust to retract from leases for other facilities. This option also had the lowest additional revenue requirement with some additionality around facility management.

Dr Corr said that risks will be considered and that the Trust would work with the Department of the Communities around the development of the Lanyon Building. The full business case will be completed when necessary and is included in the 10-year capital plan, with expenditure planned between 2025/26 – 2029/30.

Mr McGivern, and Mr Graham, asked how dependent the Trust was on the involvement of General Practitioners (GPs). Mr Harkin answered that at this stage GPs are expressing an interest where they have a need for further capacity. This would be an ongoing process. Mr McGivern asked if a risk should be included in the business case at this stage, in the event that GPs withdrew their expression of interest. Mr Harkin noted that the development was still eight years away but that GPs would usually stay with their decisions. Mr McGivern asked what the financial risk was if GPs did not fulfil their commitment. Mr Harkin said it would be approximately £120,000 per annum and that the Trust would be able to use any additional space.

Mr McCall asked if accessibility and travel for service users had been considered. Dr Corr responded that it was anticipated that

the development would help bring local services together on one site.

Mr Houston inquired about the use of the Lanyon House on the site. Dr Corr confirmed this had been included in the preferred option and the Trust would work with the historical branch of the Department of the Communities.

Following discussion, it was agreed that the business case would be amended to incorporate the quantum of risk if GPs did not proceed, as request by Mr McGivern. Trust Board approved the Business Case, subject to this amendment.

- Antrim Gynaecology Treatment Suite
Maura Dargan presented this business case, which was a resubmission to enable the centralisation of gynaecology outpatient services and develop a gynaecology assessment unit. This development would also help alleviate pressure on the Emergency Department.

The business case had been previously approved in May 2021 for £299,679, however, an increase in market costs and an increase in the specification to include an air-handling unit meant that the total cost was now £534,013, with £44,644 agreed in 2021/22.

Trust Board approved the business case.

- Provision of suitable PICU Therapeutic Environments, Holywell Hospital
Dr Corr presented this business case for the proposed refurbishment of the Inpatient Psychiatric Intensive Care (PICU) Unit at Holywell Hospital. There would be additional revenue costs associated with the preferred option, option three, which was for the full refurbishment of Inver 1 and Lissan 1. The key risk to the project would be the closure of each ward during the refurbishment but mitigations would be put in place. Mr McCall commented that this was a critical piece of work for the services on the Holywell site, despite the issues of additional revenue costs. Mr Graham asked why option two was discounted. Dr Corr reassured Mr Graham that option three was the best option as the phased approach would be better for patients; option two

did not allow for decanting the wards. Mr Graham was content with this.

Trust Board approved the business case.

TB55/22 Review of Corporate Plan 2021/22

Mr Martin told Trust Board that this review document closed off the Corporate Planning process for 2021/22 and showed how the Trust had performed against the plan. It had been a challenging year but the report set out some of what the Trust had achieved. Mr Martin said this was a tribute to all the staff involved.

Trust Board approved the Review of the Corporate Plan.

TB56/22 Update on Mental Health Inpatient Service Capital Development

Dr Corr provided an update on this development for Trust Board to note. This was a good news story for the Trust's Mental Health Services. Dr Corr took Trust Board through the update. Mr Corrigan asked if there were concerns about costs increasing due to inflation. Dr Corr assured him that there was constant discussion between the Trust and Health Estates and that cost increases were unavoidable and were outwith the decisions of the design team. Mr Harkin added that Health Estates work very closely with the Trust and any increase in costs would be closely monitored.

Trust Board noted the update.

TB57/22 Update on 48 Bedded Unit Business Case

Mr Harkin advised Trust Board that a revised business case had been submitted to DOH earlier in May 2022. The Trust was currently working on responding to a number of queries received from DOH. There were a number of procurement technicalities to be worked through but Mr Harkin was very optimistic at this stage that the business case would be approved.

TB58/22 Capital Programme as at 30th April 2022



Mr Martin noted the very good outturn position achieved and congratulated Alison Renfrew, Assistant Director Corporate Planning and Capital Development, and her team for their work. The plan for 2022/23 was overcommitted at present but this would be carefully managed.

TB59/22 Contract Award Report

Trust Board noted the contracts awarded.

TB60/22 Committee Minutes

Minutes of Strategic Change and Improvement Capability Committee held on 5th July 2021:

Mr McCall said the committee had been stood down during Covid-19 and had recently been reconvened with a meeting in early May 2022. The focus of the previous meeting was on 'Renewing Our Vision' and Community Care and a number of sub-group reports were received.

Minutes of Performance and Finance Committee Meeting held on 11th August 2021:

Mr Graham referred Trust Board members to the minutes of the Performance and Finance Committee and commented how well this committee and the Strategic Change and Improvement Capability Committee worked in collaboration.

TB61/22 Write Off of Losses

Trust Board noted that an amount of £39,732 had been written off in relation to a client contribution debt.

TB62/22 Use of Trust Seal

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

TB63/22 Any Other Business

There were no items of any other business raised.



There were no public questions.

The next meeting will be held on Thursday 23rd June 2022 at 10am.