

**Minutes of the One Hundred and Forty Seventh Trust Board Meeting
Thursday 24th November 2022 at 10:00am**

Via Video-Conference/Boardroom, Trust Headquarters, Bretten Hall

Present:

Mr Robert McCann	Chairman
Mrs Jennifer Welsh	Chief Executive
Mr Owen Harkin	Executive Director of Finance/Deputy Chief Executive
Mr Jim McCall	Non-Executive Director
Mr Gerard McGivern	Non-Executive Director
Mr Paul Corrigan	Non-Executive Director
Mr William Graham	Non-Executive Director
Mrs Suzanne Pullins	Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support
Dr Dave Watkins	Executive Director of Medicine
Mr Glenn Houston	Non-Executive Director
Maura Dargan	Executive Director of Social Work

In attendance:

Mrs Wendy Magowan	Director of Operations
Mrs Jacqui Reid	Director of Human Resources and Head of Office
Mr Kevin McMahan	Divisional Director of Surgical and Clinical Services
Mrs Angela McErlane	Assistant Director, Emergency and Urgent Pathways
Mr Neil Martin	Director of Strategic Planning, Performance and ICT
Mrs Karen O'Kane	Executive Office Manager
Mrs Diane Spence	Divisional Director of Community Care
Dr Petra Corr	Divisional Director of Mental Health, Learning Disability and Community Wellbeing
Martina Bradley	Boardroom Apprentice
Mr Nick Carson	Head of Communications

Members of the Public:

Michelle Weir	Journalist
Grainne O'Boyle	Sarah Reynolds
Ann Donnelly	L McClements

TB134/22 Apologies

Apologies were received from Mrs Audrey Harris, Divisional Director of Medicine and Emergency Medicine.

TB135/22 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest declared.

TB136/22 Chairman's Report

Mr McCann referred to the calling of a Major Incident on 12th November 2022 and said this was a major event for the Trust and for the regional health service. Mr McCann commented that whilst he did not take the situation lightly, it was only a matter of time before the service faced a Major Incident and he commended the staff in Unscheduled Care. It is to their credit that the situation had not arisen before. Mr McCann wished to put on the formal record his thanks to all staff involved.

TB137/22 Chief Executive's Report

Mrs Welsh began her report by saying that the reasons, which led to the declaration of the Major Incident, had been covered very fully in the media and elsewhere. Mrs Welsh did place on record her sincere thanks to everyone who was working that weekend and in very difficult circumstances. Everyone worked incredibly hard to keep people safe and deliver appropriate care in as timely a way as possible. Mrs Welsh said it was not, however, just about that weekend, both Emergency Departments were pressurised every day. The same was true across hospital services and into the community as well as the services that the Trust contracts from the independent sector, especially Domiciliary Care.

Mrs Welsh, and senior staff, held a meeting with a good number of local political representatives, Members of Parliament (MP) and Members of the Legislative Assembly (MLA), on Monday 21st November. All political parties, including independent, were represented. There was a helpful and constructive discussion on the pressures faced by services. As well as discussion about the actions taken by the Trust and engagement with the Independent Sector. Mrs Welsh also took the opportunity at the meeting to brief MPs and MLAs of the intention to bring a proposal to Trust Board to consult on the future of Maternity Services. Trust Board members have already been briefed on the fragility and vulnerability of the service. Mrs Welsh had reflected on the Trust's concerns at the Trust Board meeting in October and the plan to bring a proposal to this meeting. Mrs Welsh welcomed the opportunity to discuss the proposal in public session and said it was important to note that in all options the Trust would retain and enhance early pregnancy assessments units, antenatal and post-natal clinics and scheduled ambulatory services on the Causeway site.

TB138/22 Account of Patient/Client Experience

Mr McCann outlined the purpose of the patient/client experience and asked that Mrs McErlane introduce those present for the account. Mrs McErlane gave a short background to the Whiteabbey Nightingale Unit and the rehabilitation services offered before introducing Janet Horan, Clinical Services Manager, Lee-Ann Clarke, Physiotherapist and Allied Health Professional Lead for Whiteabbey, and Margaret Logan, Service User.

Lee-Ann and Margaret gave a very full and detailed account of Margaret's journey from her first call to the Northern Ireland Ambulance Service (NIAS) 999 service via Antrim Emergency Department to the Regional Trauma Centre in the Royal Victoria Hospital and eventually to Whiteabbey for fracture rehabilitation. Mrs Logan had fractured her spine and whilst surgery was not needed, she did require rehabilitation, mobilisation and input from both physiotherapy and occupational therapy. Mrs Logan said the care she received was exceptional both in the unit and at home and the emotional help she received meant she was very determined to go home. Lee-Ann added that Mrs Logan did not require a care package due to the very intense work carried out at Whiteabbey.

Mr McCann thanked Mrs Logan for sharing her story with Trust Board and he was very glad to see that she had a positive outcome.

TB139/22 Minutes of Meeting held on 27th October 2022

The minutes of the previous meeting were agreed on the proposal of Mr Corrigan and seconded by Mr McCall.

TB140/22 Matters Arising

- Longest Wait for Diagnostics: Mr McMahon will follow up on this.
- Foster Care Payments: Mr Harkin said the overspend was a mixture of new activity and additional payments to existing placements. Mr Harkin said this would be discussed further at the Performance and Finance Committee.

TB141/22 Maternity Services

Mrs Pullins introduced the proposal to move towards a consultation on Acute Maternity Services Transformation. The Trust supports approximately 4000 women and families per year. Mrs Pullins explained that the service in Causeway Hospital had become fragile and vulnerable due to the fall in births and issues with maintaining the workforce. According to the Royal College of Obstetrics and

Gynaecology, a small maternity unit is defined as one with less than 3500 deliveries a year; Causeway is anticipated to fall to below 900 deliveries by the end of 2022. This equates to approximately 2.5 births a day and raises significant concerns in relation to the maintenance of skills for both medical and midwifery staff and their ability to deliver complex care. One consultant has recently retired from Causeway and one left the service.

Mrs Pullins noted that Trust Board was being asked to approve a consultation on two clinically deliverable options; three options were discounted as being undeliverable. Mrs Pullins outlined the two deliverable options, options three and four in the paper, and said both would enhance early, peri-natal and post-natal services in Causeway. Births are already risk-stratified in Causeway but this would be enhanced so that the only journey women would need to make would be to deliver their baby. The paper also discusses the development of a freestanding midwifery-led unit (MLU) for suitable low risk births. The Trust is, however, cognisant of the Northern Ireland Coroner's recent direction. Option four proposes the move of all births to Antrim, with other aspects of care enhanced.

Mrs Pullins also referred Trust Board members to the Rural Needs Assessment and the Equality Impact Assessment and said that, if the proposal to consult were approved, a number of public listening events would be held.

Mr McCann reiterated that what Trust Board was doing was deciding to go to consultation and was not making any decisions. He referred to the risks from the low level of births projected for Causeway and asked if there were risks from extra travel. Mrs Pullins responded that evidence had been reviewed and research did not show any evidence of detriment to mothers or babies. Co-incidentally two out of every 1000 births already occur before admission. Mr Corrigan asked if the service was safe currently and would remain so during the potential 14-week consultation. Mrs Pullins said the service remained heavily dependent on locums and the substantive staff in post. Mrs Pullins has received a commitment from the medical team to keep the service running whilst the consultation proceeds; notwithstanding any unforeseen circumstances. The service is safe but challenged and, since 2014, births have been risk-stratified. There is no neo-natal provision at Causeway presently. Mr McCall inquired if the Trust had attempted to recruit again. Mrs Pullins confirmed that they run an exercise for medical staff but there were no applicants. The Trust also attempted to recruit midwives but the successful candidates chose to be based on other sites. Mr McGivern asked if the Trust would advertise again. Mrs Pullins confirmed they would but added that with only 900 births, a one in five rota and an isolated site in terms of input from colleagues, did not make it an attractive job. The longer-term model was not attractive and even if the Trust was able to recruit, retention remains a problem. Demographic changes in the

Causeway Coast and Glens area predicted an 11% fall in the number of births in the next 20 years. Mr Houston referred to the previous move of all births to Antrim Area Hospital during Covid-19 and asked if there was any learning from this. Mrs Pullins replied that there was learning and what whilst there are pressures on the Antrim site; any challenges would be worked through in advance.

Mr Graham then mentioned the recent publicity around the Lagan Valley Midwifery Unit and the direction from the Northern Ireland Coroner to the Department of Health (DOH) and asked if the Trust needed to consider this. Mrs Pullins answered that the Trust does not currently have a MLU but will have to consider. There are successfully delivered MLUs across the United Kingdom and the Trust remains committed to providing midwifery-led care, and would further wish to offer a choice, but remains cognisant of the Coroner's direction. Mr Graham also asked about intervention rates and length of stay in Causeway. Mrs Pullins confirmed that the length of stay in Causeway was longer and the rate of caesarean sections was higher. This was a consequence of having a locum workforce, who will often opt for a caesarean as a safer option if there are any difficulties.

Mr Corrigan alluded to the proposal for a Women and Children's new build on the Antrim Site and asked if, whatever the decision was around the consultation, was this compatible with the Trust's strategic direction. Mrs Pullins said it was as the business case provides additional space and scope; however, this was not planned until 2029. Mr McCann asked if there was potential for those in the rural areas around the Causeway Coast and Glens area to feel that services were being downgraded. Mrs Welsh reiterated the points Mrs Pullins made on demographic changes and said that Causeway had a very important and significant future, specifically given the increasing number of older people in the area. It was crucial to ensure the Trust meets the needs of the local population and gave the example of the frailty unit ran by Dr Emily McIntosh. The Trust would be keen to build on this with, for example, an overnight elective unit. Any change at Causeway Hospital would not be downgrading; Causeway remains a hugely important part of the hospital network. Mrs Pullins paid tribute to the Causeway workforce and their flexibility and skill; they have risen to all challenges. The proposal to move to consultation is about sustainability.

Mr Graham said it would be key for the public to be assured about the future of Causeway Hospital and to hear from the clinical staff. Mrs Welsh agreed with this and said the clinical voice was hugely important. The proposed consultation is set to run for 14 weeks, including an additional two weeks to account for the Christmas period, and there will be opportunities to engage with both the public and staff. If possible this will be done in person but virtual will also be offered.

Mr McCann concluded the discussion by reiterating that Trust Board were not making a final decision at this meeting but to agree the proposal to move forward with a 14 week consultation. All feedback will be taken and considered. Mr McCann asked Trust Board members if they were content to approve the consultation proposal. Trust Board agreed. The consultation will run from 25th November 2022 to 3rd March 2023.

Mrs Welsh said the Trust would then consider the outcomes from the consultation and she would hope to bring a recommendation back to Trust Board in March 2023. The Trust would need to ensure the support and agreement of, for example, Strategic Planning (SPPG) and Performance Group and Public Health Agency, before a decision was made by DOH or the Minister for Health.

TB142/22 Performance Report as at 31st October 2022

Mr Martin presented the Performance Report as at 31st October and said that the focus would be on four specific areas: Child and Adolescent Mental Health (CAMHS), Endoscopy, Mental Health and Delayed Discharges.

CAMHS:

Maura Dargan spoke to the position on nine-week breaches and noted that whilst there had been a gradual increase in breaches, these were now reducing, despite a month on month increase in both new referrals and review appointments. Ciara McKillop had provided a comprehensive update at August's Trust Board meeting. Maura Dargan added that the Trust is on target to have no waiters by June 2023. Staffing challenges remain however, but vacancy rates are decreasing and there has been a corresponding increase in capacity and non-recurring resources. The service is reviewing the treatment process, as there is still a hybrid approach, which can take longer.

Mr Houston thanked Maura Dargan for the update and said he was reassured to see the improvement. He asked what was causing the decrease in staffing. Maura Dargan explained that it was a combination of three factors, sickness, Covid-19 and vacancies. There has been a turnover in clinicians moving from the Step 2 to Step 3 service, which is beneficial but creates staff turnover and there are ongoing challenges with recruitment through the Business Services Organisation. Mr Houston also asked what the longest wait was. Maura Dargan did not have the information to hand but assured Mr Houston that all Step 3 referrals are seen within the nine-week period and waiters were advised of how to contact the service if circumstances change or deteriorate.

Endoscopy:

Mr Martin reporting a good performance in endoscopy recently with performance being in excess of the Service Delivery Plan trajectory



and almost at the baseline position. There has also been a decrease in the waiting list, with a gradual decline in those waiting over 26 weeks and those waiting nine-weeks was down by 93%. Mr McMahon informed Trust Board that this performance was because of a concerted, daily exercise by staff with 60% of in-house capacity directed to red-flag referrals. The Trust is also considering using a private provider to provide in-reach at weekends, as well as looking at regional capacity, for example, the Lagan Valley elective unit. Non-red-flag referrals are also being reviewed. Mr McMahon was hopeful of a continued decrease in the number waiting but he said there was no room to be complacent. The impact from Covid-19 on the service had been phenomenal and the service remained under financial pressure. Mr McMahon said the focus would continue to be on those most in need.

In relation to diagnostics, the longest waiters are in fluoroscopy with 875 at the start of the year and the waiting list has decreased by 45% overall and by 60% for those waiting longest. The increase in capacity will help with this.

Mr McCann referred to the reporting of radiology investigations in two days and asked if this did not happen would it be reported to a senior manager. Mr McMahon said reporting was under constant scrutiny and he did not have a concern about this.

Psychological Therapies:

Mr Martin advised that 95% of those waiting over 52 weeks for psychological therapies were in adult mental health. He noted that there had been an improvement in adult mental health from the September to October position, with a slight deterioration in adult learning disability and little change in adult health psychology. Dr Corr added that there had been improvement but there was still a shortfall against baseline. The main issue is vacant posts, all recent graduates are employed but there are still gaps. Dr Corr said there was also an issue with higher levels of acuity, which has affected the length of sessions and on the number of new and review appointments that can be carried out. Dr Corr reported that a data review had indicated an improvement in both new and review appointments seen. Dr Corr noted that the longest waiter was 538 days and this was for the Clinical Health Psychology Service, which was a very small service. The division was examining how best to provide this service and considering a waiting list initiative.

There have been improvements in psychological therapies and adult mental health and Mr Martin said performance was now closer to expected volumes. Dr Corr said the services were facing similar issues and she was hopeful that activity figures would increase once the data had been reviewed. Again, staff vacancies and sickness absence had decreased capacity and demand continues to increase. Dr Corr outlined some of the steps taken to improve performance

including additional support to the appointment booking office team, a waiting list initiative and additional hours being offered to staff. Whilst there is still a concern, Dr Corr was hopeful of an improving position.

Dr Corr concluded by saying that there were no breaches in the community mental health teams and only a small number in the eating disorder service. Performance in dementia services was also improving and a waiting list initiative had been carried out.

Complex Discharges:

Mr Martin told Trust Board that the usual performance in 48-hour complex discharges at Antrim Area Hospital was around 80% but this had fallen to between 71 to 73% over the past three months. Causeway had also seen performance dip to 54% in October. Mrs Spence reported severe pressures on both hospital sites in part due to increasing frail elderly patients with co-morbidities, along with increasing requests for packages of care and an increase in those requiring one to one care. The Trust's focus will continue to be on ensuring that people do not stay in hospital any longer than they need to. Mrs Spence said the Trust continued to work with the region on unscheduled care and internally on an integrated care stream. The Trust works collaboratively with independent sector providers to identify how to improve the process, as well as looking at contingency arrangements and block booking of beds.

Mrs Welsh took the opportunity to commend Mrs Spence, Mr Martin and their teams for the great work they are doing in this area to improve discharges and hospital flow out into the community. Mrs Welsh added that Pauline Shepherd, Chief Executive, Independent Healthcare Providers, had commended the Trust for its approach to working with care providers.

Mr Houston asked how the Trust's performance was monitored. Mrs Welsh explained that there are monthly Performance Transformation Executive Board, chaired by Peter May, Permanent Secretary, DOH. At a recent meeting Mr May directed Sharon Gallagher, Deputy Permanent Secretary, to meet with Trust Chief Executives to ascertain what is working for the Trusts, where the areas of concern are and where improvements can be made. Mrs Welsh will meet with Ms Gallagher in the coming days. Mrs Welsh explained that there are a number of nuances in the system, which may need to be understood on a regional basis. For example, not all Trusts are at the same point on discharge arrangements.

Mr Graham mentioned the recent requests for families to help with patient discharge and asked what the Trust's experience of family involvement was. Mrs Spence said she and her team worked very closely with Mrs McErlane and her staff. There is a lot of effort put into working with families and whilst there can sometimes be

hesitancy on the part of families, often for very legitimate reasons, hospital social work staff are very skilled and adept at this work. Mrs McErlane added that, if necessary, clinical teams will also help by providing explanations to families. Mr Graham asked if further public messages were needed. Mrs Welsh said that Trusts were encouraged to take this forward on a local basis but the senior team would have welcomed regional messaging.

In response to a query from Mr McCall on bed numbers for mental health patients, and dementia patients in particular, Dr Corr said there were low numbers of beds available with a very small number of units in Northern Ireland. There is a need for more beds but it was a very challenging service to deliver. There are current 8% of patients in Holywell with delayed discharge. This creates further bed pressures.

Mr Corrigan referred to the decrease in ambulance turnaround times and asked what actions had been taken. Mrs McErlane said that a live audit had taken place and staff were working through the actions arising, for example, examining the time of arrivals and at reviewing alternative pathways. The Trust meets regularly, and has a constructive relationship, with Northern Ireland Ambulance Service.

Trust Board noted the decrease in complaint response times and Mrs Pullins said this would be examined more fully at Assurance Committee.

TB143/22 Finance Report as at 31st October 2022

Mr Harkin presented the Trust's Financial Position as at 31st October 2022 and noted that there been no significant change from the previous month. The Trust continued to work with SPPG and DOH to address the financial gap, including on Covid-19 spend. The Trust's financial position continues to be reasonably stable and Mr Harkin and relevant staff have begun the process of making savings on Non-Contract Agency spend. Mr Harkin said it was unlikely that the full £2.5million would be achieved. Mr Harkin then outlined the key assumptions underpinning the financial projection including that the pay award would be fully funded and the Trust would achieve its cost containment and savings.

Divisional positions remain as before; with action being taken to look at agency spend including on medical locums. There was an overspend of £1.5m in the Children's and Young People Division associated with foster care agency and residential unit costs. Mental Health, Learning Disability and Community Wellbeing also faced pressures from increasingly complex and acute cases.

Work continues with SPPG on in-year transformation funding but the situation going into 2023/24 still needs to be clarified. The Trust is also planning for the 2023/24 financial position along with SPPG; the Trust will still have a significant underlying gap.

Mr Houston reflected that this was a reassuring position at this point in the year. Mr Harkin concurred that at this point the Trust has a realistic view of year-end; having made allowances for winter, and was still projecting break even. Mr Harkin added that regionally the overspend was approximately £400million and DOH was leading on this.

TB144/22 Approval of Business Cases

- Replacement of Washer Disinfectors and Upgrade of RO Plant in HSDU

Dr Watkins took the two papers for the upgrade and replacement of aging equipment in the sterile services department together. In both cases, the equipment was older than the recommended ten years and replacement was the preferred option.

Mr McGivern asked if the Trust maintained an overview of kit across the Trust and when it was due for replacement. Mr Harkin assured him that there was a process in place and a regional programme for funding of decontamination and radiology equipment. The Trust did also 'sweat' assets where possible to get as much time as possible out of the equipment but the clinical engineering team keep it all under review and escalate any instances where equipment requires replacement. The Trust is very aware of the risks of aging equipment.

Mr Graham asked if new technology was considered when replacing equipment. Mr Harkin confirmed that it was and said, for example, replacing like for like decontamination equipment would require a massive plant facility. With regard to funding, some of this is ring-fenced regionally but in some cases, the Trust will fund itself from general capital and then submit a bid in the following year.

Mr McGivern queried the value of business cases that require approval in cases where it is straightforward replacement. Mr Harkin confirmed this was under review and a paper would come to Trust Board before year-end.

Trust Board approved both business cases.

- Replacement of Steam Sterilisers and Steam Generators in HSDU

As above.

- Upgrade of Endoscopy Decontamination Equipment and Ventilation systems in Antrim Hospital Day Procedure Unit

Dr Watkins presented this case for the upgrade of decontamination equipment in Antrim Day Procedure Unit. This is part of a wider capital programme to update the unit.

Trust Board approved the business case.

Mr McGivern noted that this had been on the Trust's risk register and given the 40-week lead in to the replacement, did the risk need reviewed. Dr Watkins undertook to follow this up.

- Replacement of Fluoroscopy room 4, Radiology Department, Antrim Hospital

Mr McMahon presented both Business Cases for replacement of radiology equipment together. The replacement was part of the regional programme and funded through the Imaging Board. The Antrim equipment has a slightly different specification at a higher cost and the Causeway equipment will provide a back up to plain film.

Trust Board approved both business cases.

- Replacement of Fluoroscopy room 3, Radiology Department, Causeway Hospital

As above.

- eRostering System Replacement

Mrs Pullins presented the case for the replacement of the nursing eRostering system. The system currently in place will be withdrawn and have its technological support withdrawn.

The system will manage rotas and payments for bank nurses and the preferred option is to adopt one solution across the regional. This will also help with data production and reporting. Funding will be provided by the Trust and the Digital Health project.

Trust Board approved the business case.

Mr Corrigan asked if training would be provided to the team responsible for implementing the new system. Mrs Pullins responded that it would be a transformation project and a user group has been set up. Mr Harkin noted that this links into the work of the Nurse Utilisation Group.

- Women and Children's Unit, Strategic Outline Business Case

Mr Martin referred to the earlier discussion on Maternity Services and said this Outline Business Case laid out the long-term plan for Maternity and other related services. Mr Martin said the preferred option had been identified but was not yet set in stone. Mr Martin said this was about future proofing and, notwithstanding the consultation process, and given the long time frame, Trust Board were asked to approve the business case to enable submission to SPPG and DOH. There will be opportunity to amend the business case if needed.

Mr Graham asked if this was best practice and Mr Martin confirmed it was. Mr Corrigan asked how the Trust would be able to estimate costs, given that it would be a number of years before any work would commence. Mr Martin said all costs were reviewed recently and Mr Harkin added that the Trust would work closely with Health Estates to ensure that any future inflationary uplifts would be reflected in future iterations of the business case. The Trust adhered to all guidance in preparing the business case.

Mr Graham further asked if there was a risk of capital proposals being reprioritised. Mr Harkin said it can happen but the Trust works to a ten year capital plan and in some instances, cases are reprioritised on the basis of need, safety concerns, etc., and not just on costs.

Trust Board approved the business case.

TB145/22 Write Off of Losses

Mr Harkin presented a loss for approval. This was in relation to unpaid client contributions and the Directorate of Legal Services had recommended write off.

Trust Board approved the write off.

TB146/22 Independent Assessment of Board Governance Self-Assessment

Trust Board noted the Independent Review of the Trust's own self-assessment. The review agreed with the Trust's rating and the only area of note was around the appointment of Non-Executive Directors.

TB147/22 Capital Report as at 31st October 2022

Trust Board noted the Capital Report as at 31st October 2022. There are a number of post project evaluations still to be completed and divisions will be reminded of the need to finalise these.

TB149/22 Update on Mental Health Inpatient Service Capital Development

Trust Board noted the update from Dr Corr on the Mental Health development.

TB150/22 Use of the Trust Seal

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

TB151/22 Any Other Business

There were no items of Any Other Business raised.

TB152/22 Public Questions

There were no public questions.

TB153/22 Date of Next Meeting

The next meeting will be held on Thursday 26th January 2023 at 10am.