Northern Health and Social Care Trust

**Minutes of the One Hundred and Forty First Trust Board Meeting held on Thursday 27th January 2022 at 10:00am via Video-conferencing**

**Present:**

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| **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** |
| **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:**

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| **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 Kevin McMahon** | **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** |
| **Dr Petra Corr** | **Interim Divisional Director of Mental Health, Learning Disability and Community Wellbeing** |
| **Mrs Karen O'Kane** | **Executive Office Manager** |
| **Mr Aaron Carey** | **Boardroom Apprentice** |
| **Therese Scullion** | **Chief Registrar** |

**TB01/22 Apologies**

Apologies were received from Roy Hamill, Interim Director of Community Care and Paddy Graffin, Interim Divisional Director of Integrated Care.

**TB02/22 Conflicts of Interest/Declarations of Interest**

There were no conflicts of interest declared.

**TB03/22 Chairman's Report**

Mr McCann began his report by reflecting on the previous two years and what a challenge it had been for society as a whole and the health and social care staff in particular. He noted that at the start of 2021 the pandemic reached its peak but the vaccine brought hope, before the emergence of the Omicron variant and the uncertainly of its impact. Mr McCann felt that there was now light at the end of the tunnel but mentioned the disjoint between the Health Service's ongoing experience and the public perception of the pandemic being over. Covid-19 is still an issue for the service and staff remain under pressure with an increasing number of patients as well as the impact on elective care and waiting lists. Mr McCann repeated his plea for the public to continue to carry out common sense measures such a social distancing, wearing masks and taking vaccinations when offered. These simple actions would make a difference.

Mr McCann noted that the Trust had stood down some of its committees due to the Department of Health (DOH) standing down its Sponsorship and Governance activities. This would be kept under review.

Mr McCann finished his update by advising that his term of office had been extended for a further 12 months, until January 2023.

**TB04/22 Chief Executive's Report**

Mrs Welsh expressed her delight that Mr McCann would remain as Chair for a further year, before delivering her update.

Mrs Welsh referred to her report at the last public Trust Board meeting when the Trust had been facing into the Christmas and New Year period with high levels of Covid-19 infections in the community and huge pressures across a number of services, particularly unscheduled care. Trust staff were looking forward with trepidation and Mrs Welsh noted the huge efforts made by staff in relation to the Trust's winter and Covid-19 surge plan. Since that meeting, the Omicron variant had taken hold and over the intervening period, there have been incredibly high levels of community transmission across Northern

Ireland. The main challenge facing the Trust was the level of staff absence rather than excessively high numbers of inpatients. The Trust, therefore, invoked its Business Continuity Plans before Christmas and had been working in that way since. There had been some incredibly challenging days in Unscheduled Care Services with long waits in both the Emergency Departments (ED) in Antrim and Causeway Hospitals. Mrs Welsh said that whilst this was not unusual for January, what was extraordinary was the combination of Unscheduled Care pressures along with the high level of staff absence, including those self-isolating. The pressure was not unique to hospital services; all areas were experiencing staff pressures and in a number of areas, services were being delivered on a critical needs basis for a short time. Mrs Welsh also mentioned that staff pressures were being felt by colleagues in the Independent Sector and this had caused very significant problems in accessing nursing and residential beds, as well as domiciliary care for clients. Mrs Welsh commended the efforts being made to deal with the issues but said the service expected the staffing challenges to continue for another several weeks.

Mrs Welsh spoke about the decision of the Northern Ireland Executive to lift many of the Covid-19 restrictions and acknowledged that, whilst it was the right thing to do, there would be a difficult transition from pandemic to endemic. The Health and Social Care Service must continue to keep its guard up as it continued to look after frail, vulnerable and ill people in hospital and in the community. The Trust's protective arrangements would remain in place, as would visiting arrangements due to the high level of transmission in the community. Mrs Welsh did say, however, that it was possible to look forward with optimism to a period of recovery and renewal.

Mrs Welsh also took the opportunity to acknowledge the huge toll the past two years had taken on all Trust staff, at every level across the organisation. It had been a long journey and will take time for staff to recover from the experience. The support mechanisms put in place for individuals and teams remained in place and Mrs Welsh said this was very important.

Mrs Welsh then spoke about the recovery of services. Many areas, as Trust Board knew, were operating at a reduced capacity, surgery for example, and therefore the work to recovery and renew the services was hugely important. It was important for Trusts to work together on service recovery and rebuilding. Mrs Welsh welcomed

the Minister of Health's announcement regarding the public consultation on the Reform of Adult Social Care. This was one of a number of important pillars in the overall delivery of the Health and Social Care Service.

**TB05/22 Account of Employee Experience**

Mr McCann introduced, and welcomed, Gwyneth Woods, Trust Bereavement Co-ordinator and Donna Taggart, Volunteer for the Bereavement Comfort Call Service. Mr McCann commended the service and noted the time commitment and compassion of the volunteers. Mrs Woods asked Donna to give an outline of her experience of the service and the role she played. Donna explained to Trust Board that a big part of the service was to listen to the family and that many of the calls made were Covid-19 related. The main issues brought up were the inability of family to be with their loved ones and the restrictions around funerals and wakes. Donna also provided Mrs Woods with feedback from the families. She commented that it was a very humbling experience and she was able to provide a comfort and point people to other sources of help, when needed. Donna said she had felt very supported by Mrs Woods and Paula Bryne in the Governance Department.

Mr Graham thanked both Donna and Mrs Woods for highlighting what was an example of innovation during Covid-19 and asked if it would become part of the Trust's services in the future. Mrs Woods responded that this would be considered by the Bereavement Steering Group.

Mr McCann thanked Mrs Woods and Donna for attending and said it was gratifying to hear that even though it was difficult for the volunteers, they were well supported.

**TB06/22 Minutes of Meeting held on 25th November 2021**

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

**TB07/22 Matters Arising**

There were no matters arising.

**TB08/22** **Performance Report as 31st December 2021**

Mr Martin began the Performance Report by updating on the current situation with regard to Covid-19. He summarised that the Omicron variant had generated high numbers of cases but these had not translated into hospital admissions. Inpatient numbers were declining slowing and the Covid-19 measures continued to impact on hospital flow. There had been a very significant impact from the variant on staffing levels across all services.
Mr Martin then went on to discuss Unscheduled Care and noted that whilst total ED attendances were slightly down on the figures form 2019/20, they were much higher than the same period in 2020/21. Twelve hours breaches had also increased, particularly in Antrim Area Hospital. Peak occupancy had reached around 90 patients on average in Antrim. This resulted in increasing pressure on staff managing this number of patients within ED. Mrs Harris then explained to Trust Board the multiple factors affecting the 12-hour breaches and the steps being taken to deal with the increased pressure. Mrs Harris also referred to the increasing number of complex discharges, a trend that begun in Summer 2021 and the impact of these as well. Mrs Harris advised that January was always a challenging month for Unscheduled Care, but that January 2022 was especially challenging due to the rapid decrease in the number of staff available. Mrs Welsh paid tribute to Mrs Harris and her small team of senior staff who carry out the Site Co-ordination Role.

Mr McGivern asked Mrs Harris about the role of the Phone First system. Mrs Harris advised that it was very useful in helping to schedule ED appointments and to manage 'hotspots' during the day. There was still further work required around pathways into hospital and referral back to Primary Care. There will be an audit carried out with the Health and Social Care Board (HSCB), which will look at this area. Mrs Harris agreed with Mr McGivern that a joint approach was needed to continually review and monitor the service.

Mr McCann asked if the care delivered was safe and effective. Mrs Harris provided an assurance on this; there are senior decision makers available in the department and excellent nursing staff.

Mr Martin outlined that it was likely that there would be an increase in the number of complex discharges. Mrs Magowan then spoke on the reasons for this and the measures taken by the Trust. Mrs Magowan

said that the Trust had been in business continuity measures from December and that staffing pressures continued unabated both in the Trust and in the independent sector. There was considerable difficulties in domiciliary care and families were asked to help where possible. The Trust continues to review the pathways for patients to ensure they are in the best place, which may not be an acute hospital facility. Mrs Magowan added that a community hub would be established to help with this. Mrs Magowan noted that she had never before experienced staffing pressures on this scale.

Mr Martin then referred to the numbers waiting for outpatient and inpatient/day cases. The majority of those waiting over 52 weeks are waiting for an ENT outpatient appointment and 80% of those on the inpatient/day case lists are for ENT, General Surgery and Gynaecology. Mr McMahon spoke to the strategy to address some of these issues.

Breast Surgery:

Mr McMahon informed Trust Board that the regional working group had reported that there was a 25% gap between demand and capacity and that 93% of the Trust's service was provided by three surgeons in the previous year. The Trust is optimising the capacity it has and has been getting some help from the Belfast Trust. There will be regional work undertaken and Mr McMahon was confident that resources might follow. Mr McMahon said there was now a sense of direction for the region and he would continue to push for improvement.

Gastrointestinal/Endoscopy:

Mr McMahon told Trust Board that cancer demand had increased by 12.3% and that the Trust would use both the waiting list initiative and the independent sector to help with the waiting list. The Trust was keeping up with demand but was not yet tackling the backlog. The demand for ENT has stabilised and Mr McMahon would continue to push for improvement. Mr McMahon was also keen for regional benchmarking to be carried out for this and other specialities, similar to that done for Breast Services.

General Surgery:

There had been a 13% increase in cancer referrals into surgery. Mr McMahon said the emergency surgery model had worked well, with two to four patients waiting each day for a bed. In relation to elective surgery, the Trust was working to maximise capacity and there now

needed to be regional discussions on the use of Intensive Care Beds. Mr McMahon and Mrs Magowan are working, with the region, towards the funding of 10 ICU Beds for Antrim Hospital over the next three years. Mr McMahon will also be working with his staff to increase theatre capacity.

Mr McMahon finished his update by saying that the Trust was working with the Radiology Network to increase the radiology capacity to help back up the radiology element of Breast Services.

Mr Houston acknowledged the extent of the task facing Mr McMahon and his staff. He then referred to the performance on 14-day breast red flag, which had dropped considerably in September, following almost 100% achieved in July and August and asked when this was likely to improve. Mr McMahon responded that the demand in July and August had been artificially low. He said the biggest factor in improving performance would be radiology support and a new radiologist was due to start the following week. The Trust was working with the region and a collegiate approach would be crucial to try to recover the position. Mr Houston asked if the referring General Practitioner (GP) or the Trust would identify referrals as Red Flag. Mr McMahon explained that this was done on receipt of referral. He added that the number of self-referrals to the service were also increasing and this will be reviewed as well.

Mr Houston also mentioned the numbers waiting for more than nine weeks for a CAMHS appointment and asked when this might improve. Maura Dargan responded that the position was likely to remain as it was for a while. The clients waiting were for the level 2 CAMHS services as staff had been redeployed to provide level 3 services, which were more time-critical, and all those waiting were seen within nine weeks. The service are very conscious of the waiting list position and the Trust were expecting more resources, which would improve the situation. There were some recruitment issues but most of the impact had come from Covid-19.

Mr McCall asked if there was a regional process for recruitment to key posts and priority areas. Mrs Welsh said the Chief Executives had recognised the need for a workforce plan and would continue to discuss the matter with the DOH.

Mr McCann drew attention to the performance on Day Care and asked what the challenges were to getting to the rebuild plan level.

Mr Martin indicated that there had been changes in guidance, social distancing, etc., which had presented difficulties. There was also some reluctance from some service users. Dr Corr added that it remained a challenge and that there was a significant downturn from previous years. Dr Corr was optimistic that changes to social distancing might help.

Mr Graham asked that when the Trust was through the worst of the Covid-19 Pandemic and in the position to look at recovery and rebuilding, this could be brought to a future workshop for discussion. Mr Martin noted this.

**TB09/22 Finance Report as at 31st December 2021**

Mr Harkin presented the Financial Position as at 31st December 2021. The Trust was projecting a year-end breakeven position following recent discussions with, and allocations from, DOH and HSCB. The Trust was still facing an underlying deficit of £129million. The majority of the gap was due to core deficits, costs associated with Covid-19, Nightingale, No More Silos and transformation.

Directorate positons remained as before and the main pressure continued to be locum and agency staff costs. The spend to end of December 2021 was £38million, which was an increase from previous years Regional work on this has recommenced and Mr Harkin was hopeful of making significant progress in 2022/23.

The Trust had reached its savings target, mainly as a consequence of the reduction in business as usual. There was still a small gap in transformation funding but a further allocation was expected.

The Trust has expended approximately £43million due to Covid-19; personal protective equipment, training, staffing, laboratory costs, etc.

Mr Harkin confirmed that the Agenda for Change pay award, funded by DOH, had been paid. The non-consolidated pay award announced by the Minister of Health could be paid early in the 2022/23 financial year.

Mr Harkin stated that the Trust continued to project a year-end breakeven position. He advised that the proposed budget for 2022/25 was out for consultation. The Trust would be facing a challenging budget and had started discussions with HSCB and DOH.

Mr McGivern referred to the Trust's Locum Scrutiny Group and said he was keen to see the outcome of this in due course. Mr Harkin advised that he and Mr O'Reilly would report on the group to the Performance and Finance Committee and then onto Trust Board in due course.

Mr Corrigan raised the matter of the cost pressure of enhanced payments during the Covid-19 pandemic. Mr Harkin responded that this had been regionally managed and the Trust was very aware of the matter. There would need to be a return to normal Terms and Conditions in due course. Mrs Pullins added that the enhancement had been very helpful in covering absence. Mrs Reid said that discussions were being held regionally and with Trade Union colleagues.

Mr Houston asked if any costs associated with the Radiology Lookback exercise would continue into 2022/23 and was the cost material. Mr O'Reilly said the Lookback had concluded and any future costs would be minimal. Mr Harkin undertook to come back on the materiality of the costs.

**TB10/22 Approval of Business Cases**

Mr Harkin began by saying that a number of business cases were resubmitted mainly because of increased costs in material and labour, some because of an increase in the scope of the work to be undertaken.

Enabling works for Analysers, Antrim Hospital Laboratory

Mr McMahon referred to a regional contract to standardise analysers and said the business case was to enable remedial works to house the new analysers and facilitate linkage to the regional information systems. The cost of the business case was £687,000.

Trust Board approved the business case.

Replacement of Aged Mobile X-ray Units and Replacement of Aged Image Intensifier X-ray Units

Mr McMahon spoke to these two cases; presented for retrospective approval of Trust Board. The Chairman had approved previously to facilitate the purchase of the equipment in the 2021/22 financial year.

The equipment to be replaced has reached its end of life and would be purchased via an NHS framework agreement.

Trust Board approved the business cases.

Additional Space for Learning Disability Day Care Services in Cookstown Adult Centre

Dr Corr presented the resubmitted business case for an additional £104,000 of capital funding.

Trust Board approved the business case.

Refurbishment and Operationalisation of Galgorm Accommodation

Mr Harkin informed Trust Board that he was presenting the business case of behalf of Mr Hamill. The Trust had purchased the property at Galgorm in the previous year and this business case was for the refurbishment costs to enable a number of services to fully utilise the building. The cost of the business case was £750,000 with £85,000 to be spent in-year.

Mr McGivern asked about disposal of the Pennybridge site and if the Trust continued to pay rates on it. Mr Harkin replied that the process to dispose of the site would commence in 2022/23 and that he would check with regard to the rates.

Trust Board approved the business case.

Fort Centre Refurbishment for Community Occupational Therapy Services

Mr Harkin informed Trust Board that this business case was to address the costs of work to maximise occupational therapy and wheelchair services in the Fort Centre. It was resubmitted due to an increase in costs of £50,000 to £290,000.

Trust Board approved the business case.

Carrickfergus Health Centre Enabling Works

Mr Martin said the work associated with this business case would tackle accommodation pressures for GPs, Trust staff at the health centre, and address environmental shortcomings. The costs of £1.2million would be funded 60% by DOH and 40% by the Trust.

Mr Houston asked if there were any longer term plans for the site, for example, a health and care centre. Mr Martin explained that the DOH was responsible for prioritising health and care centres and the Trust's next priority would be Newtownabbey in the next 3 or 4 years. Mr Houston acknowledged that there would be a medium term requirement for the work to Carrickfergus Health Centre.

Trust Board approved the business case.

Additional Consulting Rooms GP Practice, Ballymoney Health Centre
Mr Martin noted that this was for a GP Practice and the funding of £475,000 would be provided by HSCB.

Trust Board approved the business case.

Trust Wide Water Safety Works 2021/22 and Whiteabbey Hospital Low Voltage Infrastructure Works 2021/22
Mr Harkin presented two further resubmitted business cases for water safety works and low voltage work in Whiteabbey Hospital. The scope, and therefore the costs, of the business cases had increased due to the prioritisation of backlog maintenance works. Mr Harkin said that slippage in other schemes had enable extra work in these two areas.

Mr Graham asked if Mr Harkin was content this work could be completed by the end of March 2022. Mr Harkin said he was; the Estates and Capital Development Teams keep this under close review. Mr Graham was happy that historically the Trust had managed its capital programme.

Trust Board approved the business cases.

Replacement of Braid Valley Boiler House Roof
Mr Harkin presented the resubmitted business case. The original business case was approved at a value of £456,000. The resubmitted case was for £830,000. Mr Harkin explained that the increase was mainly due to increased market costs but that additional funding was required due to asbestos. The in-year funding would be £250,000 with the remainder in 2022/23.

Trust Board approved the business case.

**TB11/22 Interim Delegated Statutory Functions Report**

Maura Dargan presented the Interim Delegated Statutory Functions Report (DSF), which Trust Board members had reviewed at the Trust Board workshop in December 2021. The report was presented for approval to submit to HSCB. Maura Dargan confirmed that the Trust and HSCB met to review the Trust's action plans and the plans were progressing well.

Maura Dargan commented that there had been a deteriorating position over the past few months due to Covid-19 and that business continuity plans were in place. This was not yet reflected in the report.

Mr McCann drew attention to the Brain Injury Service and Maura Dargan explained that this service was provided to a very small number of patients, who were managed on a case-by-case basis. Discussions continue between the Trust and HSCB. Dr Corr confirmed that it would be very difficult to establish a unit as each placement is bespoke to each client.

Mr Graham queried the usefulness of the information to the service. Maura Dargan agreed that regionally there was a consensus view that DSF reporting in its current format did not deliver what it needed to. Work to review and develop an outcome based reporting framework led by HSCB and DOH was paused due to Covid-19. Maura Dargan felt that service areas did find their specific data helpful but in terms of overall organisational usefulness probably less so. Maura Dargan noted that an Executive Summary for Trust Board may be more helpful and would consider this for the 2021/22 DSF Report.

Trust Board approved the report.

**TB12/22** **Write Off of Loss**

Mr Harkin said the loss was for out of date or damaged pharmacy stock and every effort was taken to minimise loss as much as possible.

Trust Board approved the Write Off of Loss for submission to DOH as it was for an amount over £10,000.

**TB13/22** **Capital Programme as at 31st December 2021**

Mr Martin presented the capital programme for noting. He drew attention to the test drilling results; six cases were test drilling with five reported as green and one as amber. There were also two post project evaluations reviewed, both of which were green. Mr Martin said this illustrated the hard work carried out by both the Capital Development and divisional business managers. Mr McCann congratulated the staff on the outcome.

**TB14/22 Domiciliary Care Procurement: Consultation Feedback Report**

Mr Martin noted that the Trust received 13 responses to the consultation and held two online events, as well as meeting with Mid Ulster Council. The key issue raised was the balance between the independent and statutory provision and the Trust had no intention to change this. The aim is to continue with a mixed provision. Another issue raised was around recruitment of staff and the Trust would look at minimum Terms and Conditions.

The Trust would move forward under advisement of the Business Services Organisation procurement service and would review the DOH consultation on Adult Social Care.

Mr Martin assured Mr Graham that the Trust was content with the feedback received from providers and would continue to engage with them.

Mr McCann asked about the time spent by staff travelling in addition to the time providing care, as well as the cost of travel; Mr Martin said that he would expect this would be taken into account.

Mr McCall commended the report.

Trust Board noted the feedback report.

**TB15/22 Principal Risk Document**

The Principal Risk Document was noted.

**TB16/22 Adoption Panel Annual Report**

Trust Board noted the Adoption Panel Annual Report. Mr McGivern advised that Covid-19 had also had an impact and there were some

issues around contact but that the Adoption Panel was focused on the area.

Mr Corrigan referred to the number of kinship adoptions. Mr McGivern said this remains an ambition of the service but can be very challenging.

Mr McGivern took the opportunity to pay public tribute to Mr Tony Rodgers, a former Chair of the panel, who had, sadly, passed away in January.

**TB17/22 Contract Awards Report October to December 2021**

Trust Board noted the Contract Awards Reports.

Mr McCann asked Mr Martin if there had been progress on a new purchasing system. Mr Martin said this was progressing but was a lengthy and complex process. The aim would be to move on a phased basis away from directly awarded contracts.

**TB18/22 Use of Trust Seal**

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

**TB19/22 Independent Review of Children's Social Care Services**

Maura Dargan asked Trust Board to formally note that an Independent review of Children's Social Care Services, chaired by Professor Ray Jones, would commence in February 2022 for a period of 16 months. Maura Dargan welcomed the appointment of the panel and advised that the Terms of Reference were presented to Trust Board for noting. The review panel would have three strands; engagement with young people and their families, structure and systems, and social work practice.

**TB20/22 Any Other Business**

There were no items of any other business raised.

**TB21/22 Public Questions**

There were no public questions.

**TB22/22 Date of Next Meeting**

The next meeting will be held on Thursday 24th March 2022 at 10am.