Northern Health and Social Care Trust

Minutes of the One Hundred and Forty Ninth Trust Board Meeting
Thursday 23rd March 2023 at 10:00am
Atlantic Suite, Royal Court Hotel, Portrush

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 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**
Maura Dargan	**Executive Director of Social Work**
Mr Paul Corrigan	**Non-Executive Director**
Mr Glenn Houston	**Non-Executive Director**

In attendance:

Mrs Wendy Magowan	**Director of Operations**
Mr Neil Martin	**Director of Strategic Planning, Performance and ICT**
Mr Kevin McMahon	**Director of Surgical and Clinical Services**
Mrs Karen O'Kane	**Executive Office Manager**
Martina Bradley	**Boardroom Apprentice**
Dr Petra Corr	**Director of Mental Health, Learning Disability and Community Wellbeing**
Mrs Diane Spence	**Director of Community Care**
Mrs Audrey Harris	**Director of Medicine and Emergency Medicine**
Mr Nick Carson	**Head of Communications**
Mrs Alison Irwin	**Head of Equality**
Mrs Caroline Diamond	**Assistant Director, Maternity Services**
Dr Mark Rodgers	**Divisional Medical Director Nursing, Paediatrics, Women's Services & Corporate Support**

Members of the Public:

Michelle Weir	**Journalist**
Clair Hardy	**Unison Representative**

TB25/23 Apologies

Apologies were received from Mrs Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications

TB26/23 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest raised.

TB27/23 Chairman's Report

Mr McCann noted that the recruitment exercise for the Chairs of a number of Health and Social Care organisations was ongoing, with one public announcement made. Mr Johnathan Patton was successfully appointed as the substantive Chair for the South Eastern Health and Social Care Trust. The recruitment exercise for Non-Executive Directors would commence shortly, with terms to begin over the summer period.

Mr McCann also spoke about his recent attendance at the Staff Service of Remembrance and how important the occasion was for staff and families. He said it was sobering to realise that 31 colleagues, all of working age, had died over the past two years.

Mr McCann finished his update by referring to a recent NICON event on the Fiscal Council Report on Health Care Funding. Mr McCann said the financial outlook was challenging and changes to the block grant and Barnett Formula would not make this any easier.

TB28/23 Chief Executive's Report

Mrs Welsh said she would not provide a substantive report as the main business of Trust Board would be on the Maternity Consultation. Mrs Welsh did, however, reiterate the financial challenges facing the Health and Social Care Service and the potential impact of 2023/24 budget. Trust Board would receive a more detailed report in due course.

Mrs Welsh took the opportunity to note that the meeting was the final formal Trust Board meeting for both Mr McCann as Chair and Mr

Graham as Vice-Chair. Mrs Welsh expressed sincere thanks from herself and from the Senior Management Team, for the support and challenge provided by Mr McCann and Mr Graham.

TB29/23 Minutes of Meeting held on 26th January 2023

The minutes of the previous meeting were agreed on the recommendation of Mr McGivern and seconded by Mr Houston.

TB30/23 Matters Arising

Finance Report as at 31st December 2022:
Mr Harkin advised that the 'other' category in locum spend related to specific earmarked initiatives, which were separate from the core business of the Trust.

TB31/23 Working with you to Transform Acute Maternity Services:

- **Consultation feedback and response**

Mrs Pullins began the presentation by asking Mrs Caroline Diamond, Assistant Director, Maternity Services, to speak on the background to the consultation. Mrs Diamond then outlined the background and advised that a clinically sustainable model was required and the long term goal would be a new build on the Antrim Hospital site.

Mrs Irwin and Mrs Pullins then delivered their comprehensive presentation, with Mrs Irwin providing the feedback from the consultation, under a number of themes, and Mrs Pullins responded for the Trust. Mrs Irwin began by outlining the breakdown of the consultation, including the number of events held and the number of responses received. Following the presentation, Mr McCann thanked Mrs Irwin and Mrs Pullins. He advised that it was critical for Board members to have a full understanding of the issues before making a recommendation and therefore invited members to put forward any questions they had.

Mr McCann asked if the Trust had considered having one large maternity unit in Causeway Hospital, given that those living closer to Belfast already have a choice of where to go. Mrs Pullins responded that the Trust had examined this option but the clinical interdependencies required were not available in Causeway, nor was there a neonatal unit. The neonatal unit in Antrim could not be moved to Causeway as the infrastructure required did not exist on the site. Also, the birth rate in the Causeway area was predicted to continue declining. Dr Watkins endorsed Mrs Pullins' comments and said it would be extremely difficult to move a neonatal unit and to move a workforce would be an insurmountable challenge. A complete move to Causeway would not be feasible and the majority of Northern Trust service users are already giving birth in Antrim Area Hospital.

Mr McCann then, referring to staff not being able to enhance their skills due to the number of deliveries they deal with, asked if staff could be rotated to increase their experience. Mrs Pullins replied that rotating staff would mean spreading the clinical resource very thinly and the time taken to travel between sites would reduce the clinical time available. Dr Watkins again agreed with Mrs Pullins and said that consolidation on Antrim site would increase the resilience of the staffing resource.

Mr Houston thanked Mrs Diamond, Mrs Pullins and Mrs Irwin for the presentation and noted that the number of responses would indicate a considerable level of interest in the consultation. He referred to the time during the Covid-19 pandemic where all births were moved to Antrim Area Hospital and asked if there could be an assurance provided that Antrim would be able to respond to peak activity and emergencies could be accommodated. Mrs Pullins acknowledged that Antrim was a very busy site and that the Trust had been developing the maternity footprint in order to flex capacity and increase the number of birthing rooms to ten. The Trust would also be looking at inpatient beds and the new Bed Flow Coordinator would be key to this, and there would be room to deal with emergencies. Mrs Pullins added that it was natural for maternity services to have peaks and troughs of demand and Mrs Diamond noted that the modelling carried out indicated that Antrim could flex capacity. Also, centralisation

of births in Antrim during Covid-19 had enabled the Trust to run an elective caesarean list, which the service would work towards again. Mrs Diamond was confident the service could deal with emergencies and two additional clinical rooms would be available to stream attendees at the Foetal Maternal Assessment Unit (FMAU).

Mr Corrigan also thanked the team for their work on the consultation and acknowledged that the process should be a dialogue, as opposed to a vote or a referendum, and asked if the feedback had impacted thinking on the provision of maternity services. Mrs Pullins replied that it had. The Trust had learnt a lot about interdependences from internal stakeholders, which is where the concept of the Bed Flow Coordinator had developed. The Trust also learnt that travel is an issue; whilst the mother would only have to make one additional trip, there is an impact on families and good communication would be key to alleviating the concerns. With regard to staff, it would be crucial for the Trust to be clear on its commitment to Causeway Hospital and plan for the future.

Mr Graham enquired as to whether there had been feedback from General Practitioners (GP) in the Causeway locality. Mrs Pullins told Trust Board that the consultation proposals were presented to the Trust's GP Partnership Group but there had been no direct feedback at that forum. Mrs Irwin added that the consultee database contained all GP Practices but no individual responses were received. Mr Graham then asked what lessons had been learnt from centralisation during Covid-19. Mrs Diamond said that elective caesarean lists had been very important and also the use of the FMAU. It would also be important to stream elective and non-elective procedures. Mrs Diamond advised that the service learnt that it is important for women to be able to see and visualise the unit they will be giving birth in. During Covid-19 videos were made for them to see the unit in Antrim and this had been very useful. Now the service will be able to facilitate visits for service users.

Mr McCall asked if there had been recognition of any potential impact on the Northern Ireland Ambulance Service (NIAS). Mrs Pullins confirmed that there had been pre-engagement with the NIAS Medical Director and that there are currently a number of transfers from Causeway to Antrim, which are

categorised as level 1. The Trust will continue to work closely with NIAS and will develop appropriate bypass protocols. The Trust will also work closely with families on birthing plans.

Mr McGivern asked if there was any cause for the Trust to reconsider its recommendations following the consultation process. Mrs Welsh answered that she did not believe so. Throughout the consultation period and during the listening events held, clinicians continue to believe this is the correct way forward.

Mr McCann then gave members of the public present the opportunity to ask questions or make a statement; there were none.

- **Recommendation on way forward**

Trust Board were asked to consider the consultation feedback and recommendation to proceed with approval of Option Four as set out in the consultation documents.

Option Four was to move all births to Antrim site which would provide intrapartum care for an additional 900 births per annum. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

- **Decision**

Mr McCann asked Trust Board members if they were clear on the recommendation and if there were any further questions. There were no further questions.

Mr McCann asked Trust Board members to vote and all Non-Executive Directors and Executive Trust Board members voted to approve Option four as the recommended option for submission to the Department of Health (DOH). The recommendation was approved unanimously, with no opposing votes and no abstentions.

Mr McCann expressed his thanks to the team and said the consultation was a good example of how a successful consultation exercise should be carried out and that the Trust had tried to ensure that all views were heard.

TB32/23 Performance Report as at 28th February 2023

Mr Martin began the Performance Report by asking Mr McMahon to speak to the Trust's performance on the 14 day target for red flag breast referrals. Mr McMahon confirmed that the Trust had achieved 98.9% of referrals seen within 14 days during the month of February 2023. Mr McMahon added that this would also impact on the 62 day target, which should show improvement in the next period. Mr McMahon said this was a very positive outcome and reflected the Trust's good partnership working with both Belfast Health and Social Care Trust and the commissioner.

Mr McCann commended the good work and said this was an example of how services can be improved when Trusts work together to deliver the best possible service for the patient. Mr Graham reiterated what Mr McCann said and praised Mr McMahon and his staff for their hard work. This was a very positive outcome.

Trust Board noted that the waiting list for endoscopy had decreased by 50% and that the improvement could be sustained if resources were maintained. Mr McMahon was keen to get the waiting list reduced to zero but capacity remains an issue and the Trust remains dependent on the independent sector and waiting list initiative funding.

Mr Corrigan noted that the number of ambulances received had not increased, but turnaround times continued to deteriorate. Mrs Harris responded that ambulance turnaround was a concern for her, as was capacity on the Antrim site. Mrs Harris was clear that safe care was being provided and that overall Emergency Department attendances were up with an increase in those aged 75 and over, who tended to have more complex needs and were more likely to require admission. Both Antrim and Causeway were working above capacity and the reduction in turnaround times was symptomatic of this. Antrim Hospital has the second highest number of ambulance arrivals in the region, but it is not the second biggest hospital. Causeway then acts as a support to Antrim. Mrs Harris further advised that Northern Trust

was the first to have an improvement plan in place for turnarounds and was very focused on partnership working in this area and would continue to work with NIAS. Mrs Magowan added that it would be beneficial to have a regional review again to determine what helped the initial improvement in the three hour backstop. The Trust was carrying out a lot of work and benchmarking in this area.

Mr Corrigan also registered his concern about the decrease in compliance with the 20 day target for responding to complaints. Dr Watkins recognised the comments made by Mr Corrigan and explained that the Governance Team had recently been focusing on other areas, such as management of Serious Adverse Incident Reports. He noted the need to refocus on completion of complaints.

Mr Corrigan mentioned the Trust's absence management and noted that the absence rate was increasing. Mr Corrigan did not feel that Trust Board were given the opportunity to fully scrutinise this through the Assurance Framework. Mrs Welsh said Mr Corrigan was right to raise the matter and that, ordinarily, Trust Board would have received a People Report at this meeting, but given the restricted agenda, the report would come to the next meeting. There would be an opportunity then to look at absence in more detail. Mrs Welsh said that absence was an issue across the region and for all Trusts.

Mr McCall asked if the performance on complex discharges was subject to the same issues as unscheduled care. Mrs Spence informed Trust Board that there were challenges at the back door with increasingly complex care needs including dementia and delirium patients. The Trust was working to maximise the patient pathways available and had also set up a workstream under Renewing Our Vision on maximising Domiciliary Care. Mrs Welsh noted that social care was on the Permanent Secretary's agenda and a social care collaborative group had been established through the Performance and Transformation Executive Board.

In response to a question from Mr Graham, Mrs Harris was delighted to confirm that the new A6 ward was open and patients had moved in that morning. The plan was to have the second ward open by the end of June 2023 and the Trust was pushing to maintain this timeframe. Mrs Harris gave a brief outline of the changes being made in order to ensure that the right medical teams are in the right location and that patients are in the right beds. This should provide efficiencies and enhance the respiratory offering in a post-Covid-19 world. The aim

was to have better patient flow and this would, hopefully, ease pressures in the Emergency Department. Mrs Harris anticipated that there were be a net increase in beds once the second ward opens in June.

Mr McGivern referred to the increase in waiting time for the Child and Adolescent Mental Health Service and asked what the reasons for this were; was it due to Covid-19 restrictions. Maura Dargan said that appointments were carried out on a hybrid basis, some in person and some virtually. The service were aware that Do Not Attend rates were increasing and they were working to reduce non-attendance. There was also a 'treatment tail' from Covid-19 as some clinicians were reluctant to close cases. Maura Dargan was confident that performance would continue to improve and was on a positive trajectory.

Mr McCann drew attention to the rising 7-day re-admission rate and asked if this was a concern. Dr Watkins said he would discuss this with the operational teams and Divisional Medical Directors, as this would be an indication that a review could be useful. Mrs Harris added that Medicine and Emergency Medicine staff were re-auditing readmissions and this increase was reflective of the increasing acuity and frailty of patients. There would also be a focus on re-admissions amongst younger patients and the team would be relaunching the Direct Assessment Unit.

TB33/23 **Finance Report as at 28th February 2023**

Mr Harkin presented the Financial Position as at 28th February 2023 and confirmed that the Trust continue to predict a breakeven position at year end. The underlying £49million gap was resolved in-year by £32million of non-recurrent and recurrent funding, and cost containment and savings of £17million.

The divisional positions were as expected, with Medicine and Emergency Medicine requiring non-recurrent funding to cope with the additional demands. This would be considered further in 2023/24. Mr Harkin added that energy costs remain volatile but are beginning to settle. The Trust received £6.7million of non-recurrent funding in-year for energy. Agency costs remain a concern and there are a number of initiatives being taken forward on non-contract agency, starting with

nursing spend, followed by medical then social care, in due course. A Trust group has been established to work on reducing agency spend.

The Trust had costs of £23million associated with Covid-19, including spending on testing and personal protection equipment. Mr Harkin said that there was a need to reduce costs going into 2023/24 as it was expected that funding would decrease.

Mr Harkin informed Trust Board that the 2023/24 financial position would be extremely challenging with a flat cash allocation anticipated and funding per capita to reduce. There will be a continued squeeze on public services. The regional funding gap for health and social care was projected to be £550million and the Trust and DOH are looking at scenarios. The DOH will be looking for the Trust to deliver low and medium impact measures and the Trust share of the requirement would be approximately £15-£20million. A financial plan will be developed over the next few weeks.

Mr Harkin reiterated the financial challenges facing the service in 2023/24 and that health would be underfunded compared to the United Kingdom. He said DOH felt that there were opportunities to achieve better value and there were plans to instigate cost controls and undertake 'deep dives' in some areas. An internal Trust Delivering Value Board has been established to look at the Trust's share of the requirement and Mr Harkin would have more information available at the next Trust Board meeting. The Trust would be concentrating on managing down Covid-19 costs, with little funding anticipated for service developments.

Mr Houston asked for an update on the regional reducing agency costs work. Mr Harkin reported that the contract had been advertised and was likely to be awarded shortly, but the Trust was working on reducing dependency on non-contract agencies in the interim. All Trusts were working together and the plan was for non-contract agency use to end in the Autumn. Steps were also been taken to reduce medical locum costs and Trust Board would be kept informed. Mr Houston referred to recent changes to pensions and asked if this would be helpful for Trust medical staff. Mr Harkin agreed that it would be beneficial for the lifetime pension contributions, but there may still be an issue with annual allowances and those with earnings outside the Trust. Dr Watkins added that informal feedback was that this easement will create an environment for consultants to take on additional tasks without being penalised.

Mr Houston asked if the Trust was assured of its capital allocation for 2023/24. Mr Harkin replied that the Trust was waiting for confirmation from DOH on major schemes but there has been no indication of any stepping back from major projects. The Trust will also receive maintaining existing standards funding but the level of discretionary spend is not yet clear.

Mr McCann asked how the Trust planned to reduce spend associated with Covid-19. Mr Harkin responded that the DOH are of the view that restrictions have been stood down, therefore, spend should reduce. This will be reviewed in the coming weeks and whilst there will be some ongoing spend, this should reduce significantly. The Trust will also be stopping supply to the independent sector.

Mr McCann concluded the discussion by reiterating Mr Harkin's point on the financial challenges for 2023/24 and the Barnett consequentials for Northern Ireland public services. He said it was important for politicians to make a collective representation to the Treasury as soon as possible.

TB34/23 Any Other Business

Mr McCann acknowledged that this was Vice Chair, Mr William Graham's last meeting. Mr Graham had joined the Trust Board in June 2014 and Mr McCann noted how much had changed in the intervening years. He thanked Mr Graham for his support, both on a personal level and to Trust Board, as well as thanking him for extending his term for an additional year.

Mr Graham responded that it had been a very enjoyable nine years and it had been challenging to understand enough about the service to ask pertinent questions and challenge when necessary. He commended the relationship between the Senior Management Team and the Non-Executives and remarked on the good, honest dialogue. Mr Graham thanked the Trust's directors on how they conduct themselves and acknowledged that the situation, going forward, would not be easy but he had endless admiration for the enthusiasm and dedication of the team. Mr Graham also said that what the Trust has done with culture was impressive and achieving Investors in People Silver accreditation. The Trust was a place where people wanted to work and that he would miss his role.

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TB35/23 **Public Questions**

There were no public questions.

TB36/23 **Date of Next Meeting**

Thursday 26th May 2023 at 10am.