Northern Health and Social Care Trust

Minutes of the One Hundred and Fiftieth Trust Board Meeting
Thursday 25th May 2023 at 10:00am
Boardroom, Bretten Hall, Antrim Area Hospital Site

Present:

Ms Anne O'Reilly	**Chair**
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 Glenn Houston	**Non-Executive Director**
Mr Paul Corrigan	**Non-Executive Director**
Mrs Suzanne Pullins	**Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support**
Maura Dargan	**Executive Director of Social Work**

In attendance:

Mrs Jacqui Reid	**Director of Human Resources/Head of Office**
Mrs Wendy Magowan	**Director of Operations**
Mr Kevin McMahon	**Divisional Director of Surgical and Clinical Services**
Mrs Audrey Harris	**Divisional Director of Medicine and Emergency Medicine**
Mr Neil Martin	**Director of Strategic Planning, Performance and ICT**
Mrs Diane Spence	**Divisional Director of Community Care**
Dr Petra Corr	**Divisional Director of Mental Health, Learning Disability and Community Wellbeing**
Mrs Karen O'Kane	**Executive Office Manager**
Mrs Martina Bradley	**Boardroom Apprentice**
Mrs Joanne Edgar	**Head of Communications**

Members of the Public:

Michelle Weir	**Journalist**

TB37/23 Apologies

Apologies were received from Dr Dave Watkins, Executive Director of Medicine

TB38/23 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest raised.

TB39/23 Chair's Report

Ms O'Reilly thanked everyone for the warm welcome and support she had received after taking up position as Chair on 1st May 2023. Whilst it was early days, Ms O'Reilly had met with the Chief Executive and observed two of the Non-Executive chaired committees. Ms O'Reilly was very keen to get out to see Trust services in both community and hospital facilities in the coming months, and to meet with the rest of the Senior Management Team. Given her background, the Chair was also eager to become involved with stakeholders in primary care and community and voluntary sectors, for example.

TB40/23 Chief Executive's Report

Mrs Welsh began her report by saying she was delighted to officially welcome Ms O'Reilly as the newly appointed Chair of Northern Health and Social Care Trust.

Mrs Welsh then referred to the Secretary of State's announcement of the 2023/24 Budget, following which all government departments had highlighted what this meant for their services. The Department of Health (DOH) had set out the measures being implemented for Health and Social Care. The plans were detailed in an Equality Impact Assessment (EQIA) which was published for public consultation.

DOH were projecting a funding gap of some £732 million for the 2023/24 financial year and Peter May, Permanent Secretary, had written to all political party health spokespersons advising of the impossible position of being asked to fulfil conflicting responsibilities. Mr May talked about "trying to balance our responsibilities to live within the budget we have been given, act in the public interest and safeguard services. Notably, he advised that "as things currently stand, it will not be possible to offer a pay award" and that he was very aware of the potential impact this could have on staff and on industrial relations."

Mrs Welsh continued that, as Board members know, Trusts have been asked to proceed with what are described as low and medium impact savings measures. This meant that actions taken should only

have a low or medium impact on services and service users, but it did not mean that the savings would be easy to deliver.

Mrs Welsh said it was also important to note that even with Trusts and DOH fully delivering on all of the low and medium impact measures there would still be a savings gap. However, at this stage Trusts have not been asked to implement high impact measures, which Chief Executives and Directors of Finance have made clear would have a drastic and long-lasting impact on services and communities. Trust board members were briefed on this in confidential session and further reports would be brought to subsequent public meetings. Mr Harkin, Director of Finance, would also cover this in this financial report.

Mrs Welsh then drew attention to a recently published Northern Ireland Audit Office on Mental Health Services in Northern Ireland. The report provides a high-level overview, considering issues around mental health strategy, funding, activity and data. It highlights the prevalence of mental health problems in Northern Ireland, which are approximately 25% higher than in England. One in five adults here show signs of mental health problems, with an estimated one in eight young people experiencing anxiety and depression. This higher prevalence has been linked with both greater levels of deprivation in Northern Ireland, and with the impact of the 'Troubles'. The Audit Office has warned that the successful implementation of NI's 10-year mental health strategy is at risk without sustained, additional investment. Mrs Welsh again referred to the statement from DOH on its projected overspend for the current financial year. The Trust only received the report on Tuesday 23rd May and would be considered further by the Senior Management Team.

Mrs Welsh concluded her report by advising that DOH had commissioned a new report into Midwifery Services in Northern Ireland, and has appointed Professor Mary Renfrew to take this forward. Professor Renfrew will undertake work that will help inform a consistent approach to the provision of midwifery services throughout Northern Ireland, including a comprehensive and independent review of freestanding midwifery-led units. Users and advocates of maternity services and professionals will be engaged throughout the process, and the intention is to develop recommendations for policy, practice, education and research in Northern Ireland.

The Trust is particularly interested in this report because, as Trust Board were aware, one of the options in the Trust's consultation to Transform Acute Maternity Services was to develop a Midwifery Led Unit. That option was not something the Trust could take forward until this review is complete. It is expected that this work will be complete by the autumn.

The recommendations from Professor Renfrew's work will also form part of a broader programme of work currently being undertaken by the Department's Maternity and Neonatal Safety Oversight Group, which was established to receive assurance on the safety of maternity and neonatal services across Northern Ireland.

Mrs Welsh noted that the consultation on Transforming Acute Maternity Services was not on the Trust Board agenda as Trust Board, at its March meeting, had approved option four to move hospital births to Antrim and retain and enhance antenatal and postnatal services. The recommendation was with DOH and the Trust was awaiting a decision. This will come back to Trust Board for consideration in due course.

TB41/23 Account of Patient/Client Experience

Mrs Pullins introduced Lynne Vercoe-Rodgers, Paediatric Lead Nurse and Karen McKay, mother of a young service user. Ms Vercoe-Rodgers provided a brief background to the paediatric asthma and allergy nursing service and then asked Mrs McKay to give an overview of her, and her daughter's involvement, with the service. Mrs McKay outlined how the service had positively impacted her daughter's condition and improved her quality of life such that she could take part in PE at school and be outside during cold weather. Her daughter had been educated about her condition and empowered to understand and manage her condition and treatment plan. Ms O'Reilly asked Mrs McKay what had made the difference. She replied that Lindsay, the asthma nurse, had taken the time and spoke to her daughter so that she understand what her condition is and how she could manage her symptoms. Her daughter had been referred directly from the Emergency Department. Ms Vercoe-Rodgers outlined the asthma discharge pathway and the Chair noted that a positive impact was evident.

There was some discussion on the role of primary care in management of asthma and Mrs Harris said there were also other pathways, such as consultant and nurse led clinics in outpatients. It was agreed that management of asthma would be considered as an agenda item for the Trust's GP Partnership Group.

Ms O'Reilly thanked Ms Vercoe-Rodgers and Mrs McKay for their attendance and noted they had provided some food for thought for Trust Board members.

TB42/23 Minutes of Meeting held on 23rd March 2023

The minutes of the meeting of 23rd March were approved on the recommendation of Mr McCall and seconded by Mr McGivern.

TB43/23 Matters Arising

There were no matters arising.

TB44/23 Performance Report as at 30th April 2023

Mr Martin began the Performance Report by taking some time to re-orientate Trust Board members on the types of information provided in the Performance Report and the different ways in which the information is presented. Mr Martin explained the four types of charts used and highlighted some examples of the performance dashboard. Mr Martin also outlined the benefits of presenting the information in this way. Mr Corrigan commented that it took some time to get used to how the information is presented but he found the report very useful. Ms O'Reilly added that it was clear there was a story to tell on performance over and above simply reporting red, amber or green.

Endoscopy: The target for endoscopy was 75% and whilst the Trust had not yet reached this level, performance had improved from 20% two years ago to 60% in April 2023. The target for those waiting 26 weeks was zero and the Trust currently had approximately 1000 waiting, which again was an improvement from over 3000. Mr McMahon noted that the waiting list had reduced by 2171, mostly as a result of Waiting List Initiative Funding as the Trust's core capacity did not match the demand. Demand had increased by 8% year on year but Mr McMahon was pleased to say the Trust had appointed two new consultants, which would increase the number of scopes which could be carried out. Mr McMahon also said that the British Society of

Gastroenterology had issued revised guidance, which means that the waiting list for follow-up procedures would be reviewed. He expected that there would continue to be a moderate increase due to some ongoing support into 2023/24 for red flag and urgent cases from DOH. Mr McMahon would also continue to work with the Strategic Planning & Performance Group (SPPG) on the growth in demand.

Mr Corrigan welcomed the improvement but asked if the waiting list funding ceased, could the position deteriorate. Mr McMahon replied that it could and that consistent, recurrent funding would be helpful. Mrs Welsh and Mr Harkin agreed with Mr McMahon on this; recurrent investment and a workforce plan were required.

Emergency Department (ED) – Triage to Treatment: Mr Martin said this was a measure of the time taken from triage to treatment and the target is to have 80% of patients waiting less than two hours. In 2021/22 the Trust's performance was around 70% but recently this had fallen to 40-50%. Mrs Harris advised that in April 44% of patients were seen in less than two hours and in Causeway this was around 65%. This could not, however, be looked at in isolation as high acuity patients were seen first and attendances at ED were up on both sites, as were the number of patients over 75. Mrs Harris iterated that the Antrim site continued to work over capacity, with a 15% increase in admission rates and issues in ED are symptomatic of issues in other areas of the hospital. Mrs Harris provided an assurance to Trust Board that consultants were on the floor regularly in ED, there were intentional ward rounds carried out and a new waiting area established. Mrs Harris felt that an improvement would be seen once the new beds were online. The next 24 are due to be in use from mid-July. There will also be a focus on ambulance turnarounds, Mrs Harris said and added that on one day in March, Antrim Hospital received 380 attendances. Mrs Welsh said this increase in attendances was worth highlighting as this was not the case in other areas or across the region. Antrim Hospital was still over capacity and using escalated beds.

Mr Houston referred to recent media coverage on the number of patients dying in ED and noted that it was sometimes, unfortunately, part of the patient journey. He asked if there had been an increase in Antrim. Mrs Harris undertook to bring the outcome of a recently completed audit to a future Trust Board but said there were no concerning findings but there were end of life patients who came to ED. Antrim is not an outlier in this respect. Mrs Welsh advised that

Antrim Hospital is not well served for side rooms, outside of ED, and sometimes the decision is taken, with family, to keep a patient in ED if they are end of life. Mr McGivern asked if the opening of the new 24 bed ward had led to more admissions. Mrs Harris said no, patients were already here. The Trust continues to work on developing its' pathways including the Direct Assessment Unit, Paediatrics and frail elderly. Work on examining re-attenders should also help identify what else could be done. Ms O'Reilly added that she had visited ED and was very reassured by how closely the situation is managed. Mrs Harris further advised that teams worked across divisions to develop solutions, including palliative care and mental health. Mental health attendances had increased by around 70%.

Mr Martin confirmed that Northern Ireland Ambulance Service (NIAS) had made a change to how patient handovers are measured and it is now the time from ambulance arrival to patient handover in ED. Mrs Harris explained that the clock starts once the patient is on site and there has been an intense focus on this area with a service improvement project in place with NIAS, looking at electronic handover, for example. Work also continues with ambulance crews and patients on arrangements for those who arrive by ambulance but are 'fit to sit'. This is a regional issue and the Trust continues to work on meeting the three hour target.

In 2020/21 the Trust was achieving 80% of complex discharges within 48 hours but recently this had dropped lower than the 70% target. Mrs Spence provided some context to this deterioration and said there had also been a regional change in the coding of patients, which the service knew would affect performance. Mrs Spence said there had been an increase in demand with a commensurate increase in activity and in the number of community beds needed. The patients attending are also frailer and have additional medical conditions. Mrs Spence outlined the work underway within Community Care and with other divisions in relation to an intermediate care strategy, patient flow and throughput, and community in-reach. Mrs Magowan told Trust Board that there was regional work being undertaken by the Unscheduled Care Management Group in SPPG but the work done by Mrs Harris and Mrs Spence was not necessarily replicated across the region. The Trust continues to focus on complex discharges but the deterioration in performance was reflective of the Trust's increasing elderly and frail population.

Mr McCall asked if there was an issue with the supply of placements and packages. Mrs Spence agreed there was and said that there was increased demand for nursing and EMI beds but less so for residential care. There was also a shortage of domiciliary care packages, both in the Trust and regionally. The Trust is seeking regional solutions on domiciliary care and also looking at maintaining and growing the workforce. Mr McCall commented that lessons do not appear to have been learnt from Covid-19. Mrs Magowan agreed and said that the risk appetite had decreased and that community beds are equally as important as beds in the hospitals.

Mr Martin informed Trust Board members that there may be some changes to the Service Delivery Plans and outlined the proposals. He will keep Trust Board informed.

Mr Houston referred to the 7-day discharge for learning disability patients and mentioned that performance was at zero. Dr Corr explained that this was actually a success story and that each point on the graph was a service user. There will be further discussion with performance staff on how best to reflect this in the performance charts.

TB45/23 Finance Report as at 31st March 2023

Mr Harkin presented the year-end financial position and said the Trust had achieved a small surplus of £91,000, subject to audit. £50,000 of which is ring fenced, which brought the Trust into within £41,000 of core funding. The Trust was able to achieve a bread-even position due to receiving £30million of non-recurring funding and £17million of internal non-recurring measures. Mr Harkin confirmed that the divisional positions remain stable and he and his team will be advising the directorates of their roll-forward positions in due course. The discussion with the Medicine and Emergency Medicine Directorate will look at the new additional beds and funding for No More Silos.

Spend on non-contract agency during 2022/23 was approximately £48millon of which £15.4million was spent on medical locums and £33.3million on nursing staff. Work has begun on phasing out the use of non-contract nurse agencies and initial indications are encouraging. Mr Harkin said there was also good work going on in social care, with use of non-contract to finish next month.

Mr Harkin concluded his update by advising that savings required, including on medicine optimisation, were achieved in 2023. He reported that a surplus of £91,000 had been a good outcome for 2022/23.

Mr Corrigan said that the Annual Accounts would come to Audit Committee in June and then to a reserved session of Trust Board in June 2023. Mr Houston commended the remarkable outturn position and thanked Mr Harkin and all the member of Senior Management Team.

Mr Harkin then advised Trust Board on the challenging financial position facing Health and Social Care in 2023/24. DOH have indicated that they will not be able to fund a pay award without service cuts and Mr May, Permanent Secretary, has advised that this is out with his authority. Mr Harkin noted that funding for training places had been reduced, along with the funding available for waiting list initiatives, for example. The Trust's share of the £160million of savings required is £29million and the Trust has identified £16million of low and medium impact measures. Trust staff continue to work with the region on achieving the £13million remaining, as well as reducing spending on Covid-19 related items such as testing and personal protective equipment.

Mr Harkin concluded by stating that Trust staff would continue to monitor service pressures and achievement of the identified savings.

TB46/23 **Approval of Business Cases**

- **Installation and Replacement of Lifts in Service Users Home Environment**
  Mrs Spence spoke to the business case and said that due to increasing demand the Trust required an additional 77 lifts and 2 hoists to enable service users to remain at home for longer. The Trust has allocated £620,000 from general capital and community care staff will work alongside staff from Estate Services and external providers to take forward.

  Trust Board approved the business case.

Business Cases for noting

- **Braid Valley Hospital – Boiler Roof Replacement and Remedial Works**

  Trust Board noted that the project for the Boiler Roof Replacement had been previously reduced to within the available funding. Mr Harkin said that further funding had now been allocated and the chimney on site would now be demolished.

  Trust Board noted the update.

- **Mid Ulster Health Centre, Cookstown – Accommodation to facilitate the Expansion of GMS in the practice**

  There had been an increase in costs for this development following the tender process, due to market volatility and SPPG have funded fully.

  Trust Board noted the update.

TB47/23 Strategic Overview

Ms O'Reilly noted that Trust Board had reviewed the Strategic Overview at a recent workshop and it was now on the public agenda. Mr Martin summarised the aims of the document and said it set out the Trust's strategic narrative for the medium term and there were seven key aims linked to the Trust's five objectives. In response to a query from Ms O'Reilly, Mr Martin confirmed that the document would be used both internally and externally to the Trust and a communication plan would be developed.

Trust Board approved and endorsed the Strategic Overview.

TB48/23 Corporate Plan 2023/24

Mr Martin informed Trust Board that this was the third, single year Corporate Plan, which was illustrative of the shorter term objectives for the Trust in the next 12 months. Mr Martin was hopeful that a new planning framework would be forthcoming. Ms O'Reilly asked where

the 2023/24 priorities were monitored. Mr Martin explained that divisional plans would be developed from the Corporate Plan and these would be scrutinised through the accountability process. The plan will be reviewed at year-end and an update brought to Trust Board. Mrs Welsh stated that the five objectives are reported through Assurance Committee to Trust board via a number of regular reports.

Ms O'Reilly indicated that a three year plan would be optimal and she thanked the staff for working on such short timeframes.

Trust Board approved the Corporate Plan.

TB49/23 Write Off of Losses

Mr Harkin told Trust Board of the circumstances in which the Trust would be required to write off losses, for example, care home debts or deterioration in pharmacy stock.

Mr Harkin presented one loss in relation to a care home debt for approval. All avenues to recover had been exhausted. Trust Board approved the loss for write off.

Trust Board also noted the four losses, two in relation to care home debts and two in relation to pharmacy stock.

TB50/23 People and Culture Plan

Mrs Reid was delighted to bring the People and Culture Plan to Trust Board and outlined the process and engagement used to inform the plan. Mrs Reid then took Trust Board through the plan and outlined the main areas. Mrs Reid said it was important for People and Culture to have a place at Trust Board and asked for ratification of the plan before it was formally launched.

Mr McCall commended the report and said it was good to embed the narrative of the Trust into this plan. He said it was a very good document. Mr Houston reflected that the animations were very well done and Mrs Reid agreed and said it was important to see the staff stories. The Chair concurred and said that retaining staff is so important; management and leadership are key to staff retention and it was important to prioritise workforce planning and future proof the workforce.

Mr Corrigan felt the document pulled all the relevant strands together very well and asked what would success look like and how would it be monitored. Mrs Reid said that action plans would be in place where needed and she would also look at what is contained and reported I the People Report.

Trust Board approved the People and Culture Plan.

TB51/23 Update on Mental Health Inpatient Services Capital Development

Dr Corr provided a quick verbal summary of the update on the Mental Health Capital Development and said the unit would be called Birch Hill. There were some concern that dates may slip and an update would be submitted to DOH soon. Dr Corr remained hopeful that confirmation of full funding would come in due course. Dr Corr was looking forward to the mock-up of one of the new bedrooms and said that Trust Board members would be welcome to visit at some point. A public consultation would be launched in August 2023.

There would also be some work required on the reuse of the Holywell Site and this would be a priority for the incoming Director of Infrastructure. The Chair commended the due diligence within the SOC and Dr Corr said there was a good project management structure in place. Mr McGivern asked if a two month delay in getting a response would be normal. Mr Martin said there was only a small team reviewing business cases in DOH.

Trust Board noted the update.

TB52/23 Capital Programme as at 30th April 2023

Trust Board noted that the year-end outturn for capital showed a small underspend of £3,000 against a capital allocation of £46.7million. Mr Martin commended the work done by capital, finance and other staff to get to this position.

The position as at the end of April showed that the capital programme was over allocated but this was not unusual as projects will slip as the year progresses. Nine business cases have been submitted to date and work continues on following up on a small number of outstanding post project evaluations.

Trust Board noted the update.

TB53/23 Contract Award Report

Trust Board noted the contracts awarded.

TB54/23 Committee Minutes

- **Assurance Committee**
  Trust Board noted the minutes of the Assurance Committee held in December 2022. The Chair noted that the minutes reflected how all Trust Board members had reviewed the Principal Risk Document.

- **Performance and Finance Committee**
  Trust Board noted the minutes of the Performance and Finance Committee. Mr Corrigan added that the committee was now up and running again,

- **Audit Committee**
  Trust Board noted the minutes of the Audit Committee from 22nd February 2023. Mr Corrigan said this was a standard agenda and a further meeting had been held which would be updated on at the next meeting.

- **Strategic Change and Improvement Capability Committee**
  Mr McCall said this committee had also been reinvigorated and a further meeting was also held in early May.

TB55/23 Use of Trust Seal

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

TB56/23 Any Other Business

There were no items of any other business raised.

TB57/23 Public Questions

There were no public questions.

Northern Health and Social Care Trust

TB58/23 **Date of Next Meeting**

Thursday 22nd June 2023 at 10am