Northern Health and Social Care Trust

Minutes of the One Hundred and Fifty Fifth Trust Board Meeting
Thursday 23rd November 2023 at 10:30am
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 Paul Corrigan	**Non-Executive Director**
Mr Glenn Houston	**Non-Executive Director**
Maura Dargan	**Executive Director of Social Work**
Dr Dave Watkins	**Executive Director of Medicine**

In attendance:

Miss Gillian Traub	**Director of Operations**
Mrs Jacqui Reid	**Director of Human Resources/Head of Office**
Mr Kevin McMahon	**Divisional Director of Surgical and Clinical Services**
Mr Neil Martin	**Director of Strategic Planning, Performance and ICT**
Dr Petra Corr	**Divisional Director of Mental Health, Learning Disability and Community Wellbeing**
Mrs Diane Spence	**Divisional Director of Community Care**
Mrs Audrey Harris	**Divisional Director of Medicine and Emergency Medicine**
Mrs Joanne Edgar	**Head of Communications**
Mr Paddy Graffin	**Director of Infrastructure**
Mrs Karen O'Kane	**Executive Office Manager**
Victoria Moore	**Boardroom Apprentice**
Mrs Gill Murphy	**Deputy Director of Nursing Safety, Quality & User Experience, for Suzanne Pullins**
Mrs Alison Irwin	**Head of Equality, for agenda item on Patient Client Experience**

TB133/23 Apologies

Apologies were received from Suzanne Pullins, Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support.

TB134/23 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest recorded.

TB135/23 Chair's Report

Ms O'Reilly advised that Non-Executive members held a meeting prior to Trust Board and noted that, as yet, no new Non-Executive members had been appointed to the Trust.

TB136/23 Chief Executive's Report

Mrs Welsh referred to the previously mentioned Review of the Assurance Framework, which is being undertaken to align the Trust Board agenda, subcommittees and Assurance Framework to the Trust's objectives. A paper will be shared with Trust Board members and discussed in further detail at the away day planned for early December 2023.

Mrs Welsh advised Trust Board that on 9th November 2023 the encompass programme, which introduced a clinically led integrated electronic health and care record for every citizen went live in the South Eastern Trust. This was a mammoth undertaking by many colleagues across the system, but particularly for those in the South Eastern Trust. Mrs Welsh thanked the many staff members from the Northern Trust who had been involved over many weeks and months, some of whom worked very intensively in the run up to, and during, the go live date, and who continue to provide support. The opportunity to support 'go live' in the South Eastern Trust has provided great learning for Northern Trust staff and will be invaluable as the Trust prepares to ramp up its own preparations to go live around November 2024.

Mrs Welsh took the opportunity to inform Trust Board about some recent awards received. The first was an award for the Neonatal Team in Antrim, who recently received the Baby Lifeline UK Maternity Marvels (MUM) Award. They received the prestigious recognition following a truly heartfelt nomination from first-time parents who described the exceptional care that their daughter received in the Unit earlier this year. Mrs Welsh expressed her congratulations to the team. Secondly, an Investors in People (IiP) 'Best Pivot' Award was presented jointly to the Maternity Service and Human Resources Teams, at the UK-wide IiP 2023 Awards. The teams were recognised

for their exceptional work undertaken to support both staff and community as part of the Transformation of Acute Maternity Services, which saw the transfer of all hospital births to Antrim Area Hospital in July of this year Mrs Wels congratulated the Maternity and Human Resources teams and everyone involved in the transformation work.

TB137/23 Account of Patient/Client Experience

The Chair welcomed Mrs Alison Irwin, Head of Equality, along with three young carers, Maddie, Jack and Kaylay, and two representatives from Barnardos, Jacqueline and Kellie. Mrs Irwin made the introductions and said the young carers had come to Trust Board to speak on their experiences. Each of the young people took it in turn to speak on their lived experience of being a young carer and of their involvement with the Trust and with Trust staff. They also reflected on the role that Barnardos played in providing support to and empowering young carers to find their voices. The young carers reflected that professionals need to understand their needs and suggested that training would be beneficial. Jacqueline, from Barnardos, advised that if staff would think about children first and even to ask, who is at home, this would be helpful. Support is needed both for the cared for and the caring person.

Ms O'Reilly said this was a reasonable ask and opened the conversation for members to provide their reflections. Mr Houston said he would remember the young carers' stories for a considerable time as they had a profound impact on him. He added that they should be very proud of themselves. Mr McGivern concurred with this and added that the young people showed great maturity and that he was sorry for some of what they had experienced. Mr McCall also commended the young people and asked if they felt that some opportunities to help were missed. Jack, in particular, reflected that sometimes a simple aid could have helped and in many cases young carers are left to research things themselves. Mrs Welsh echoed the comments made and said there was work for the Trust to do and that in some instances, things need to be improved. Maura Dargan told the speakers that they were outstanding advocates and it was great to have them at Trust Board, although she was disappointed by some of the issues they had experienced and acknowledged that there was learning for Trust staff. Maura Dargan agreed that support is required for the cared for person, in order to put the children first. Jacqueline from Barnardos said that the label of young carer could be unhelpful and the language used should be clarified.

The Chair concluded that there were instances where the Trust could have done better and that the Trust must listen and hear young carers. Ms O'Reilly and Mrs Welsh have undertaken to meeting with carers on a six-monthly basis and this would be arranged through the Carers' team. Ms O'Reilly also commended the young people on their strength and resilience and thanked all for their attendance, on what, Mrs Irwin added was Carer's Rights Day.

TB138/23 Minutes of Meeting held on 26th October 2023

The minutes of the previous meeting were approved.

TB139/23 Matters Arising

There were no matter arising, not on the agenda.

TB140/23 Performance Report as at 31st October 2023

Mr Martin begin his presentation on the Performance Report by indicating the three areas he and his director colleagues would speak to: Delivering Value, Winter Key Performance Indicators, and Elective Access funding.

Delivering Value:

Mr Martin explained that Delivering Value was one of the main themes of the Trust's Strategic Outlook and there were a number of large scale level 1 Projects, which will have measureable outcomes and demonstrable improvements. Mrs Harris then spoke to a number of actions underway in Medicine and Emergency Medicine in relation to improving length of stay (LOS), whilst outlining the challenges facing both Antrim and Causeway Hospitals with regard to the increasing number of frail elderly patient and consequent higher conversion rate to admission. Antrim's LOS has an improved position with a reduction from 7.6 days to 7.2 days. The position in Causeway, which is more challenging, remains at 8.1 days but has not deteriorated. Mrs Harris was hopeful of improvement. Mrs Harris also said that maintaining ambulatory pathways and ambulance handover times costs, both in terms of resources and input from staff. She then explained various actions taken to direct patients into appropriate pathways and work on enhancing discharges. The main challenge remains the ability to discharge, in particular for patients with complex needs. Mrs Harris

advised that decisions will be required on the longer term funding for some of the pathways in place, as they are funded on a non-recurring basis. In response to a question from Mr Corrigan on the flow of patients going to the Emergency Department (ED) rather than the Direct Assessment Unit (DAU), Mrs Harris reflected that capacity is an issue. Mrs Harris and her team continue to monitor this area and work with both the Northern Ireland Ambulance Service (NIAS) and the clinical team to screen calls and also to understand when a particular pathway isn't used. Mr McCall said it would be important for the Trust to include evidence of efficiency and productivity in its response to the Department of Health (DOH). Mrs Welsh noted that Mr Harkin would reflect on the Delivering Value work in the Trust's response.

Theatre Utilisation:

Mr McMahon informed Trust Board that usage of the Main Theatres had increased from 92% to 95% and usage of Day Procedure Unit Theatres had also increased from 69% to 74%, over the preceding six months. This was equivalent to 72 additional theatre sessions. Communication was key to this improvement, with meetings held every morning and work undertaken to ensure that lists commence on time. Mr McMahon's team are also reviewing the provision of pre-assessments in both Causeway and Whiteabbey Hospitals to maximise utilisation. Mr McMahon is also developing options for further work in the Emergency Surgery Unit and whilst this is not funded, and is more expensive, it is beneficial for patients. Mrs Welsh added that it was more expensive but it was also about being more productive. Mr McMahon concluded by saying that additional work will be needed to increase the usage of the Day Procedure Unit theatres.

Domiciliary Care:

It was noted that the Trust's in-house Domiciliary Care Team had increased face to face contacts from 64% to 68%, which represented just over 18,000 hours. Mrs Spence reiterated that demand continues to far outstrip supply and that there continues to be media interest in the service. Mrs Spence outlined some of the challenges, including the use of a manual system and that regional funding will not now be available for the provision of a digital system. Recruitment and retention of staff continues to be an issue, so there is a need to increase efficiency. Mrs Spence said the Trust was keen to contribute to regional discussions around the move from care delivered in time slots to a task based option. Independent Sector providers are also

keen to be involved. Ms Traub and Mrs Spence confirmed that there was support, and some good ideas including the potential to revisit digitalisation, coming from the Social Care Collaborative Forum, however there is no central funding available. Mr McCall, referring to the reliance on independent sector, asked how change can be incentivised and how does the conversation start. There was discussion on adding an ask of the Social Care Collaborative Forum in the response to DOH. Mrs Spence acknowledged that there is a gap between what can be done versus what the service wants to do and that there has been some small investment but it was non-recurring.

Short Breaks:

Dr Corr told Trust Board that there had been an increase in occupancy in Hollybank Respite Unit from 28% to 79%, equivalent to 414 bed days in six months. Dr Corr said the respite service was vital for families and was under significant pressure with over 3000 serviced users. Dr Corr also explained the reasons why the occupancy level in Hollybank had been low and confirmed that the October figure for both Hollybank, and the other respite unit, Ellis Court, was approximately 92%. A number of steps were taken, including improving the process for respite, reviewing the mix of users and skill mix of staff, as well as following up promptly on any cancellations. The service intended to move towards a quality improvement approach, to enhance both the service user and family experience. The Chair and Mrs Reid both welcomed the patient/people centred approach.

Winter KPIs:

Mr Martin advised Trust Board that Antrim Hospital had an average of 90 patients per month where the handover from NIAS was over 2 hours, however, in October this figure was 310. Despite this figure, Antrim remains one of the best performing sites regionally. Mrs Harris added that attendances were also up and that Antrim receives the second highest number in the region. NIAS were also 'smoothing' arrivals from postcode BT36 to the Trust. Mrs Harris and her team continue to work on managing flow and would be arranging a 'flow week' in Causeway to bring focus to this.

Non-Complex Discharges:

Trust Board noted that Causeway actioned 73% of non-complex discharges within four hours, against a regional average of 84%. Mrs Harris informed Trust Board that the Trust is aware of an issue at the

weekends, whereby Causeway has a small team and this can impact on discharge time, alongside reduced pharmacy cover at weekends and the high acuity of patients. Mrs Harris will be reviewing the Site Co-ordination Model at Causeway and the opportunity for nurse-led discharge. Gill Murphy has reviewed and revised the policy for this. It was also noted that Medicine and Emergency Medicine do not have a nurse practitioner in Causeway, which will be reviewed as well.

Elective Access:
Mr Martin said that a number of patients were sent to the independent sector but noted that there is currently no funding available for Quarter Four. This will mean approximately 10,000 will be added to the waiting list in the quarter from December 2023 to March 2024. This will impact on dermatology, diagnostics and endoscopy.

TB141/23 Finance Report as at 31st October 2023

Mr Harkin presented the Trust's Financial Position as at 31st October 2023 and confirmed that the Trust was not projecting a break-even position; rather it was still projecting an overspend of approximately £20million. There are still some areas of savings that the Trust has not yet achieved its target, including on agency spend but Mr Harkin hoped that there might be more savings to come from a reduction in medical agency use.

In relation to divisional positions, there had been a very slight deterioration in Medicine and Emergency Medicine, due to significant pressures in nursing and medical staffing. Surgical and Clinical Services was projecting an overspend of £5million, partly as a result of increasing consumable costs. The position in Community Care had worsened due to the growing number of enhanced packages and whilst Mental Health, Learning Disability and Community Wellbeing were predicting a break-even position, this was before approximately £3million of additional spend on enhanced packages. Mr Harkin said it was important for all directors to work with their divisional accountants to try and bring spend back into line. There was need for the Trust to retain and maintain control over spending. The Finance Team continue to work with all directors and budget holders will be reminded of the Standing Financial Instructions and their responsibilities. Mrs Pullins would be reviewing nurse utilisation as well.

The Chair notified members that Mr Peter May, Permanent Secretary, DOH had asked Trust Chairs to focus on financial oversight. Mr McGivern referred to the £4million of low impact savings and asked what these were. Mr Harkin responded that part of it was a £11million technical adjustment and some savings carried forward from previous years, which could be made recurrent.

Mr Corrigan expressed his concern that the financial position could worsen over the winter period. He specifically mentioned absence and that the Trust's absence rate was in excess of the target set by DOH, and this was before the winter period. Mrs Reid said that the need to manage absence effectively had been reinforced to Senior Management Team and managers. The absence level had stabilised but Mrs Reid acknowledged the winter may be difficult. An escalation process has been put in place to ensure directors are kept aware. Mrs Welsh added that this was discussed at all Directorate Accountability Meetings and she was assured that Directors were focused on absence. Mrs Spence outlined the arrangements in her division for managing absence and added that she had been surprised by the level of long term and serious illness absence. Mrs Welsh added that there was regional work on speeding up the process for ill-health retirements. Trade Union Side were keen to support the Trust in establishing a managed approach for these. Mr Corrigan acknowledged it could be time-consuming for managers but managing absence was essential. He also asked how often staff were dismissed. Mrs Reid said it did happen, at a rate of about 50 per year and noted that engagement with and health and wellbeing support for staff was key. The Chair again added that this should form part of the response to Mr May.

Mr Houston referenced the key assumptions underpinning the Financial Position and asked if the Trust was likely to produce a break-even plan. Mr Harkin said this would be unlikely. He also confirmed, in response to Mr McCall that DOH were now fully funding Covid-19 costs.

TB142/23 Approval of Business Cases

Cookstown Treatment Room

Mr Graffin advised that this development would allow for the creation of additional space and allow movement from an open plan design to more private spaces. Mr Houston asked if, given that the role of multi-

disciplinary teams may expand, the Trust tried to future-proof these premises. Mr Graffin said they did and it is discussed at their regular meetings with DOH.

Trust Board approved the business case.

Addendum for Replacement of Mid-Ulster Theatres Ventilation and Air Handling Unit plus minor refurbishment recovery

Mr Graffin informed Trust Board that this addendum was due to the outcome of a regional cleanliness audit, which recommended the creating of a corridor for Infection, Prevention and Control, and additional high density storage for Pharmacy.

Trust Board approved the addendum.

TB143/23 encompass Update

Mr Martin gave a presentation which outlined the background to the encompass project and outlined the Trust's Readiness Governance Structure. He mentioned that the South Eastern Trust (SET) had gone live on 9th November and while there were some difficulties, the staff were very pleased. Belfast Trust will go live in June 2024 with Northern Trust to go love in Autumn 2024. The key to preparation will be learning from the experience of the other Trusts and Mr Martin added that the proposed structure was based on SET and there were three main strands; divisional readiness, preparation and enablers, and go live planning. Updates will come to Trust Board on a regular basis as the Trust moves closer to the go live date. Mr Martin agreed to check the process used in SET for engagement with Trust Board and if it added value to the project.

Mr Houston asked what the feedback from SET had been. Mrs Welsh said it had mostly been positive, with some teething issues. Ms Traub added that the Trust would benefit from learning from both SET and Belfast. Mr Martin confirmed to Mr Corrigan that primary care was outside of the scope of the encompass programme but that systems will be able to communicate. Trust Board were assured by Mr Martin's presentation at this point in time and the Chair said there will likely be more queries from members as the Trust moves towards go-live.

TB144/23 Update on Mental Health Inpatient Services Capital Development

Dr Corr referred to the paper submitted to Trust Board and explained that there were some delays and that meetings and a workshop would be held with relevant parties to review progress. Communication and engagement continues with affected parties.

TB145/23 Capital Programme as at 31st October 2023

Trust Board noted the Capital Programme. Mr Graffin advised that the programme was projecting an overspend of £139,000 but he expected this would come to a break-even position by year-end. The Capital Team continues to work on outstanding business cases and post project evaluations. Mr McGivern asked if there was any potential for extra capital funding. Mr Graffin did not believe so.

TB146/23 Use of Trust Seal

Trust Board noted the occasions on which the Trust seal had been used.

TB147/23 Any Other Business

There were no items of any other business raised.

TB148/23 Public Questions

There were no public questions received.

TB149/23 Date of Next Meeting

The next meeting will be held at 10:30am on Thursday 25th January 2024.