Northern Health and Social Care Trust

Minutes of the One Hundred and Fifty Third Trust Board Meeting
Thursday 26th October 2023 at 10:00am
Boardroom, Bretten Hall, Antrim Area Hospital Site

Present:

Ms Anne O'Reilly	**Chair**
Mrs Jennifer Welsh	**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**
Mrs Suzanne Pullins	**Executive Director of Nursing, Paediatrics, Women's Services & Corporate Support**
Maura Dargan	**Executive Director of Social Work**
Dr Dave Watkins	**Executive Director of Medicine**

In attendance:

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**
Miss Gillian Traub	**Director of Operations**
Mrs Karen O'Kane	**Executive Office Manager**
Mr Stevie Lennon	**Assistant Director of Finance, for Owen Harkin, Director of Finance**
Victoria Moore	**Boardroom Apprentice**
Alison Irwin	**Head of Equality for item 13**

TB109/23 Apologies

Apologies were received from Owen Harkin, Deputy Chief Executive/Director of Finance.

TB110/23 Conflicts of Interest/Declarations of Interest

There were no conflicts of interest declared.

TB111/23 Chair's Report

Ms O'Reilly reflected on a recent meeting she had attended with Peter May, Permanent Secretary, Department of Health (DOH), and outlined his developing views on the role of Trust Board, specifically around culture, whole system thinking, partnership and autonomy. The Health and Social Care Leadership Centre (HSCLC) will be providing support to Chairs and Non-Executive Directors and there will also be further discussions on the role of Executive Directors and their professional responsibilities. The Chair said this fitted well with the Trust's plans, including the review of the Assurance Framework, and that Mr May's words on autonomy for Trust Boards was very welcome. Work will now be required by Chairs, Chief Executives and DOH on the way forward; including on dealing with the Health and Social Care Service's underlying financial deficit. Mike Farrar, former Chief Executive, NHS Confederation would also be providing training to Chairs and Non-Executive Directors to encourage collective working.

The Chair remarked that she had visited Causeway Hospital and said that it was important to have a vision for Causeway and to widen stakeholder involvement. Ms O'Reilly had also carried out visits to community facilities in both Larne and Antrim, where she was impressed by the experience, passion and commitment from the staff. There is a need also for a vision for community services and the Chair acknowledged that plans were being developed.

On the theme of engagement, the Chair had meet with Trust Carers, who are a very well informed group. It was suggested that the Chair and Chief Executive meet the group on a bi-annual basis. Ms O'Reilly said it was important for the Trust to learn from the lived experience of carers.

The Chair also wished to meet with Community and Voluntary Sector organisations and was considering how best to do this along with Hugh Nelson, Head of Service, Community Health and Wellbeing Team. The Chair felt it was important for Non-Executive Directors to be involved in building relationships and to get out and about in the Trust.

TB112/23 Chief Executive's Report

Mrs Welsh welcomed Gillian Traub as the newly appointed Director of Operations. Mrs Welsh noted that there had been a lot of activity from the last Trust Board meeting and that members were updated both in reserved session and at a recent workshop. Mrs Welsh had a number of matters to report on.

Trust Board members were aware of the Industrial Action which took place on 21st and 22nd September 2023. The two days were extremely challenging, made more manageable by the huge efforts of directors and managers in the weeks preceding the action.

Subsequent to the Industrial Action, the six Trust Chief Executives wrote to Chris Heaton-Harris, Secretary of State for Northern Ireland, in relation to their concerns on the lack of a pay award for staff. The Chief Executives were aware of ongoing political discussions on the potential return of the Northern Ireland Assembly and an Executive, and hoped that this would come to a successful conclusion soon.

Mrs Welsh then referred to the situation regarding cervical cytology services at another Trust and, as contained within the Northern Trust's press release, said there were no concerns here. Mrs Welsh thanked colleagues in the cytology service for the support they were giving to colleagues elsewhere and for the work on the introduction of Primary HPV screening. Mrs Welsh added that the Trust were aware of how busy and challenging it was for a number of laboratory services and that working across the system to support each other was hugely important.

At the previous Trust Board meeting there had been considerable discussion on the out workings of the Transforming Acute Maternity Services project and, at that stage, the Trust was just one month from the change in service provision and the move of all hospital births to the Antrim site. Mrs Welsh reminded Trust Board members that at a meeting with the Permanent Secretary and advocates for the Causeway Hospital, she had offered to carry out a two month interim review of the new service model. The interim review was published on the Trust website the previous week. Mrs Welsh was pleased to report that the transition had been made safely and effectively and the review provided a level of assurance at this stage. A six month review will be completed after January 2024 and the review report would come to the Trust Board meeting scheduled for March 2024.

All of this information was provided to local political representatives at the latest of the regular engagement meetings held with Mrs Welsh and directors. These meetings are an opportunity for the Trust to share pertinent information with local representatives and, equally, matters that the representatives wish to raise on behalf of their constituents.

Mrs Welsh reflected on a number of recent visits to the Trust and specifically mentioned the visit from the Royal College of Physicians of England. The college shared the Trust's concerns about the workload of some of the clinical teams and Mrs Welsh was hopeful that their report would be helpful in continuing to articulate the inequities for Trust staff and the Trust population. Mrs Welsh also referred to both the recent NICON Conference and the Trust's own Leadership Conference and Chair's Awards. Mrs Welsh thanked colleagues who hosted sessions and participated in the NICON Conference panels. It was wonderful to spend time with all the worthy finalists and winners at the Chair's Awards. There had also been a recent graduation ceremony for the 5th cohort of the Safety Quality North programme and Mrs Welsh said it was fantastic to see the incredible and diverse Quality Improvement work going on across the organisation.

Mrs Welsh concluded her report by mentioning the Causeway Healthy Kids project, which is a partnership between the Trust, Causeway Coast and Glens Council and local schools. The project teaches children about healthy eating and lifestyle at a young age. The team won the Population Health Category Award at the recent Advancing Healthcare Awards, and then won the overall award across all categories. Mrs Welsh conveyed the thanks of Trust Board to all those involved in the project. Mrs Welsh also added that Causeway Coast and Glens Council had also awarded the Freedom of the Borough to Health and Care workers for their service during the Covid-19 Pandemic. This was the highest honour a council could bestow on an individual or organisation and the Trust were thankful for the recognition.

TB113/23 Account of Patient/Client Experience

Mr McMahon welcomed and introduced Dr Aaron Niblock, Consultant Haematologist, Kerrie Sweeney, Clinical Nurse Specialist Haematology, Rebecca Getty, Assistant Director and Mr Robert McGaughey. Mr McGaughey provided a very moving and eloquent

account of his involvement with the Haematology Service and with Laurel House. He outlined his journey to date, his condition and his establishment of a support group for patients with myeloma and plasma cell disorders in the Trust area. Mr McGaughey thanked Dr Niblock and Kerrie Sweeney for their help. There was discussion on the need for more clinical trials to be held in Northern Ireland and also need for peer support for service users. Dr Niblock said that Mr McGaughey had been central in improving the support and access to services for users and that he would be looking at any and all clinical trials available, however the issue was UK wide and it was extremely difficult to get new drugs through the process.

Both Mr McMahon and Ms O'Reilly thanked Mr McGaughey for attending Trust Board and sharing his story. They remarked on how committed he was and how he played such a crucial report in providing support to other service users. Mr McMahon provided a commitment that Trust support would be provided for the patient group and that he would bring the matter of clinical trials and new drugs to the Cancer Project Group for further discussion. The Chair thanked all the team involved and remarked on the incredible teamwork on display in Laurel House.

TB114/23 Minutes of Meeting held on 24th August 2023

The minutes of the previous meeting were agreed as a fair and accurate record.

TB115/23 Matters Arising

There were no matters arising.

TB116/23 Performance Report as at 30th September 2023

Mr Martin advised that his presentation on the Performance Report would focus on Winter Planning. DOH held a summit recently and had set some Key Performance Indicators (KPIs) for winter, which they intended to publish on a biweekly basis. These included simple and complex discharges, both Monday to Friday and at weekends and ambulance turnaround times. Mr Martin said that there had been a recent improvement in patient handover times, both at 15 minutes and at two hours in the Trust. Mr Martin also added that the numbers attending the Emergency Departments (ED) in Antrim and Causeway

had increased year on year both in overall terms and also in those aged over 75, with an increase in Antrim of 12% and an increase of 7% in Causeway.

With regard to simple discharges, the Trust had an average performance in Antrim of 84% within 4 hours and 76% in Causeway within 4 hours. Mr Corrigan asked when the clock stopped on discharges; Mr Martin replied that it was when the patient left hospital. Mr Corrigan also asked what the cause was of, for example, pharmacy delays. Mrs Welsh and Mrs Harris explained that it goes back to workload, both for pharmacy staff and for the medical checks needed. Mrs Harris said that the pharmacy teams work exceptionally well with the clinical teams but they are all very busy. Mrs Harris also explained how the discharge process worked and the impact on patient flow. In relation to the delays in complex discharges this can be due to capacity in the independent sector and the need for financial scrutiny of packages. It was noted that Antrim was the only site, in the region, to achieve the 60% target for complex discharges at the weekend. Mrs Harris intended to carry out an audit of weekend discharges, considering how good performance was during Monday to Friday. There are some reasons, for example, smaller teams on duty and facilitating returns to nursing homes can be difficult at the weekend.

Mrs Harris then outlined the work carried out to date including the Northern Ireland Ambulance Service (NIAS)/Trust improvement plan, the joint working of which has helped to improve flow and driven improvements. There is ongoing work on developing a NIAS dashboard and a focus on pathways including, for example, hospital diversion. A Clinical Communication Gateway (CCG) Hub would open the following week, which would enable General Practitioners (GPs) to email directly into ED and the Direct Assessment Unit (DAU). The Trust has also carried out joint training and support sessions with NIAS. Mr Corrigan praised the excellent work and said this should be reflected in any response to DOH about performance.

In relation to the residential home and primary care sector, Mrs Harris reflected on work cared out by the REACH team with care homes, including a pilot with GPs in Garvagh. The plan is now to run the pilot in each of the four localities, with a GP practice and home identified. Mr McCall asked if there was any discussion held with the nursing home sector. Mrs Spence reported that the number of complex discharges was increasing and represented about 46% of all

discharges, which is 30 to 40 patients per day. This changing pattern of demand has affected both the front and back door of the hospital. There had also been an increase in demand for intermediate care. Mrs Spence summarised some of the work undertaken on a daily basis to deal with complex discharges and work carried out alongside nursing homes and the independent sector. There had been an engagement event, in preparation for winter, held in October and the Trust was planning to establish two working groups: Falls and Challenging Behaviours. There is also a proposal to develop a Trust assessor role for timely and safe discharge; non-recurring funding has been received and a funding plan will be agreed. The Trust also tries to block book beds in advance from winter funding and build on the partnerships already in place. Challenges do, however, remain.

The Chair welcomed this focus on winter planning and the teamwork and integration reflected in the discussion. Mr McCall also commended the staff for their hard work in a constantly changing environment.

TB117/23 Finance Report as at 30th September 2023

Mr Stevie Lennon, Assistant Director of Finance presented the Financial Report as at 30th September 2023. Mr Lennon informed Trust Board that the projected year-end deficit was now approximately £18million; following the receipt of an additional £11million of funding from DOH and an additional in-year pressures of £7.7million. The assumptions underpinning the position remain as at before. The Trust is, therefore, projecting that it will not breakeven.

The main divisional variances are in Community Care (CC), Mental Health, Learning Disability and Community Wellbeing (MHLDCW), and Medicine and Emergency Medicine (MEM). The CC and MHLDCW variances relate to enhanced packages of care and complex discharges whilst the MEM variances are due to increasing pressures in unscheduled care, ED and increased admissions.

The Trust is forecasting an achievement of £12.6million in savings, with a gap of £11million still to be achieved. Mr Lennon said that his best estimate was that there would be a shortfall of £3.5million on savings at year-end.

Mr Lennon also referred to spend on flexible workforce with the cessation of off framework agency use in social work and nursing.

Whilst there is a lag between the end of non-contract agency and the impact on the Trust's ledger, there has been a reduction. The total agency spend is approximately £40million of which £21million is off framework spend, including nursing. This should, however start to decrease as a percentage of spend over the next few months.

The Trust continues to meet the prompt payment target and continues to monitor the debtor position, taking action in line with the Directorate of Legal Services advice and in line with legislation.

Mr Lennon added that the Trust spend on Covid-19 was around £6.8million, against funding of £4million. Spend was primarily on personal protection equipment. The Trust would review the current position on costs associated with testing.

Ms O'Reilly thanked Mr Lennon and said that Trust Board were now up to date with the financial positon and that the Financial Plan would be updated and submitted to DOH.

TB118/23 Mid-Year Assurance Statement

Dr Watkins advised that the draft final statement was submitted to DOH and it would be confirmed as the Trust's final version following approval by Trust Board. Dr Watkins confirmed that there were robust plans in place for dealing with the internal control divergences. Mr Corrigan reported that the draft report had been fully discussed at the recent Audit Committee meeting and the committee was assured by the controls in place.

Mr McGivern queried the section on the Staff in Post and Serious Adverse Incidents (SAIs) and asked if there were any particular concerns. Dr Watkins, replied that there were no specific concerns, there are a number of SAIs spread across the divisions but he was assured there was a focus from directors. Dr Corr added that there were a considerable volume in her division as any death by suicide was treated as an SAI, therefore, given the volume of cases, there can be delays. This is a challenging positon across the region and is not unique to the Trust. Mrs Reid said that the Staff in Post was reported on a quarterly basis and a new process has been agreed. There had been an increase in compliance and Internal Audit were satisfied. This divergence will be closed in the year-end report.

Mr Houston mentioned residential child care, bespoke placements and staffing and said that whilst the Internal Audit report provided a satisfactory level of assurance, were there any areas of concern for the Trust. Maura Dargan outlined the steps taken to recruit and retain staff but said it remained an issue, which is reflected in the Directed Statutory Functions. It is a challenging position, but a comparatively good one across the region. Waiting lists and caseloads are robustly managed and the Trust is able to honour training requirements for staff. The Trust would also be meeting the Regulation and Quality Improvement Authority (RQIA) on bespoke placements. This will be discussed further at a future Trust Board workshop.

Trust Board approved the Mid-Year Assurance Statement.

TB119/23 Annual Quality Report

Dr Watkins spoke to the Annual Quality Report, which provided a great overview of the positive work carried out across Trust services. The report had been reviewed and revised by Senior Management Team before being presented to Trust Board for approval. Dr Watkins thanked Lisa Craig, Assurance Data Support Manager, for her work in compiling the report.

The Chair welcomed the inclusion of integrated care and partnerships in the report. Mr McCall said the report was very well presented and the section on strengthening the workforce was welcome. Mr Houston drew attention to Dr Ciaran Shannon and Dr Kevin Dyer who had both received honorary chairs at Queens University Belfast. Dr Corr added that a third had been received but this will be reflected in next year's report.

Trust Board approved the Annual Quality Report.

TB120/23 Approval of Business Cases

Alongside Interim Midwifery Led Unit

Mrs Pullins spoke to this business case, which was part of the consultation process for the Transformation of Acute Maternity Services. Mr May, Permeant Secretary had asked that this be developed by June 2025. This would be an interim proposal in anticipation of the new Women and Children's build on the Antrim site. Option Three was the preferred option at a capital cost of

approximately £3.7million with revenue costs of £394,000, which have been kept to a minimum and notified to the Strategic Planning and Performance Group (SPPG) of DOH. The capital costs will be met from the Trust's general capital allocation.

Mr Houston inquired as to whether the ongoing Professor Renfrew review would have an impact. Mrs Pullins said the review was of stand-alone Midwifery Led Units and she did not anticipate any impact. Mrs Pullins added that this unit was key to future proofing the service and site.

Mr Corrigan mentioned the modular units and asked if this would impact on patients. Mr Graffin explained that this would not be visible to patients and would provide as close a fit to the current clinical space as possible. Mr Graffin said the timeframe and funding would be the main challenges. Mr McGivern asked if the risk due to scheduling the work was the same for both options. Mr Graffin confirmed it was.

Trust Board approved the Business Case.

Addendum for Enabling Works for the implementation for new contract and change of analysers, Antrim Hospital Laboratory

Mr McMahon said the addendum was necessary due to unforeseen expenses including piling needed alongside cooling equipment and electrical works. The additional cost was £92,600 and the work must be carried out. Mr Graffin added that the work was unforeseen as there were historical issues that were not obvious at the start. Mr Graffin and his team were working hard to ensure correct pricing on business cases going forward.

Trust Board approved the Addendum.

TB121/23 Draft Involvement and Consultation Scheme

Mrs Irwin was present for this item and confirmed that this was part of the Trust's legal obligation on how it delivered consultation and involvement. The current scheme was out of date but the new, regional documentation and templates were now ready for consultation. These have already been approved by DOH and the Public Health Agency (PHA). Mrs Irwin said the main change is that consultations cane take place over eight weeks, but only without an

Equality Impact Assessment, otherwise it will be twelve weeks. PHA will facilitate the consultation process. Mr McGivern said this was a good document and asked how the service intended to approach hard to reach groups. Should this be included in the document? Mrs Irwin undertook to feed this back to PHA. Mr Corrigan asked if each Trust had to follow the same process. Mrs Irwin confirmed that they did. All are bound by the same legislation.

Trust Board approved the consultation.

TB122/23 Principal Risk Document

Trust Board noted the Principle Risk Document which had been discussed fully at the Assurance Committee meeting in September 2023.

TB123/23 Update on Mental Health Inpatient Services Capital Development

Dr Corr noted a number of key points on the new development. Firstly the facility will be called Birch Hill Centre for Mental Health, the Trust is anticipating revised timescales and a meeting will be held shortly to discuss. The planning application had been submitted and feedback from staff at a recent engagement event was very positive.

Trust Board noted the update.

TB124/23 Capital Programme as at 30th September 2023

Trust Board noted the Capital Programme.

TB125/23 Health and Safety Annual Report 2022/23

Trust Board noted the Health and Safety Annual Report.

TB126/23 Annual Complaints Report 2022/23

Trust Board noted the Annual Complaints Report.

TB127/23 Committee Minutes:

Minutes of Charitable Trust Funds Committee Meeting 23rd May 2023

Trust Board noted the minutes, which had been approved at a further committee meeting in October. Hugh Nelson had presented to the committee on Health and Wellbeing and there was a divisional overview at each meeting.

Minutes of Assurance Committee Meeting 8th June 2023

Trust Board noted the minutes of 8th June and were content with the detail included and the action noted. No areas of significant concern.

Minutes of Audit Committee Meeting 19th June 2023

Mr Corrigan noted that three directors had presented to this meeting on progress with Internal Audit reports and the committee had approved the Annual Accounts and Annual Report. A further meeting was also held in October.

TB128/23 Contract Award Report

Mr Martin will arrange for the date to be amended. Trust Board noted the Contract Award Reports.

TB129/23 Use of Trust Seal

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

TB130/23 Any Other Business

Mr McCall added that there had been meetings of the Performance and Finance Committee and the Strategic Change and Improvement Committee in October and the minutes will come to a future Trust Board for noting.

TB131/23 Public Questions

There were no public questions received.

TB132/23 Date of Next Meeting

The next meeting will be held at 10:30am on Thursday 23rd November 2023.