

**Minutes of a Virtual Trust Board meeting held on
Thursday, 26th May 2022 at 10.00 a.m.**

PRESENT

Ms E Mullan, Chair
Dr M O’Kane, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr C McCafferty, Interim Director of Children and Young People’s Services
/Executive Director of Social Work
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals (*item 10 onwards*)

IN ATTENDANCE

Mr B Beattie, Interim Director of Older People and Primary Care
Dr A Diamond, Interim Medical Director
Mrs L Leeman, Interim Director of Performance and Reform
Mrs M McClements, Director of Acute Services
Ms J McGall, Director of Mental Health and Learning Disability Services
Mrs R Rogers, Head of Communications
Mrs S McKinney, Boardroom Apprentice
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES

Mrs V Toal, Director of Human Resources and Organisational Development
Mrs S Judt, Board Assurance Manager

1. CHAIR’S WELCOME

The Chair welcomed everyone to the virtual meeting including Mrs Susan McKinney, Boardroom Apprentice 2021, Dr Maria O’Kane, recently appointed as Chief Executive and Dr Aisling Diamond, Interim Medical Director.

At this point, the Chair particularly welcomed five members of Trust staff from the Acute Directorate and stated that she would appreciate their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues. Regular public attendees were also welcomed to the meeting.

The Chair reminded everyone regarding some aspects of virtual meeting etiquette and the business of the meeting proceeded.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES USING THE EAST LONDON FOUNDATION TRUST

The Chair welcomed Dr Ivor Crothers, Clinical Director of Psychology Services to the meeting to present an overview on the Primary Mental Health Care Review Project, Increasing Access to Psychological Therapies. Ms McGall introduced the item. She advised that this was a service improvement initiative to address the waiting lists within the Primary Mental Health Service and the Trust has engaged with the East London Foundation Trust (ELFT) to learn from their achievements while underpinning the transformational change, quality improvement methodology and outcomes based accountability.

Dr Crothers began by setting the scene and spoke of the current 'assess and treat model'. He advised that the scope of the project includes a review and re-design to the Trust existing Primary Mental Health Service pathway. The project aims to reduce the number of service users waiting, the time duration individuals wait to access the services, increase the range and variety of treatment options, which includes the adoption of the Increasing Access to Psychological Therapies (IAPT) Model. It further looks to upskill Primary Mental Health Care staff, system review, closer working with GPs and improve choice and availability of services for those referred to Primary Mental Health services.

Dr Crothers spoke of the progress to date: ELFT project delivery team recruited and in place and the establishment of project implementation team, mobilisation meetings, work-streams, training of staff completed

with service implementation rolled out during February 2022 (referral triage) and step 2 and step 3 groups commenced. He noted that early feedback has been positive and the next steps will include continued implementation of groups and continued training alongside practitioners, staff recruitment and introduction of webinars.

Dr Crothers stated that there are 340k patients using the Mental Health Service in Northern Ireland. He noted his concern that Northern Ireland has 30% less funding per capita however; there is a 20% increase in demand for mental health services. Ms Donaghy asked how this gap can be addressed and if additional alternative staff is required. Dr Crothers spoke of the introduction of psychological therapists; however, this role has not materialised. He added that the University of Ulster is continuing to review this role as it would be an excellent resource to offer support to teams.

In response to a question asked by Mr Wilkinson, Ms McGall spoke of the level of engagement with the voluntary and community sectors and the integration of the Mental Health Strategy. She advised that ongoing conversations continue with stakeholders and in particular, GPs, to ensure that they refer patients to the correct pathways, which will help reduce waiting lists.

Mr McDonald reminded members that this topic was presented to the Performance Committee and noted that there were 900 service users on a waiting list greater than 9 weeks post pandemic. He stated that this was unacceptable and he therefore welcomed any additional assistance to reduce waiting lists and improve access. He asked if funding is available to sustain this model in the long term. Dr Crothers advised at this stage it is still a pilot, however through restructuring the system, he felt that this can be achieved. Ms McGall added that funding was received from the commissioner in the short term to upskill our own staff.

In responding to a question asked by Mrs Leeman, Dr Crothers felt that after analysing and researching the data from the pilot project, the introduction of step2 and step3 groups, the clinical impact on the wellbeing of users will be seen. He added that the group work model would benefit service users and reduce the waiting lists.

Dr O’Kane thanked Dr Crothers, Ms McGall and the team for their dedication to this work. She stated that the implementation of this project will involve a cultural change and it is envisaged that the region may adopt this model going forward.

The Chair thanked Dr Crothers for his informative presentation.

Dr Crothers left the meeting at this point

4. CHAIR'S REMARKS

None noted.

5. CHIEF EXECUTIVE'S CURRENT ISSUES

Dr O'Kane provided an overview on a number of current issues:

- a) Gillis temporary relocation to Willows Ward
- b) Lurgan Incident (suspected Carbon Monoxide issues)
- c) Number of NI patients waiting over 12 hours in EDs doubles
- d) Maternal death Inquest
- e) Court action over discharge of hospital patients into care homes
- f) Reshaping social care consultation extended
- g) The Urology Services Inquiry
- h) Social work capacity in Children & Young People's services
- i) Ukrainian Refugee Scheme

Mrs Leeson informed members that the number of patients waiting over 12 hours in the Emergency Department was discussed at the recent Performance Committee. She advised that she had written to the Chief Executive and the Chair to highlight the Committee's concern. Mrs McClements added that prevention is key to reduce the number of patients attending the Emergency Departments and work continues within the community to direct them to the correct pathways. She stated that if the Trust is able to reduce every patient's length of stay by 0.8 it would increase capacity across the service, improve patient flow and reduce waiting times in the Emergency Departments. Mrs McClements added that work is underway with the OPPC and MHD directorates to ensure that support on discharge is available.

Mr McDonald asked for assurance that a risk assessment has been undertaken in relation to the Urology Services Inquiry to take into account the health and wellbeing of those affected staff. Dr O'Kane explained that as a sub risk, the health and wellbeing of impacted staff has been included on the risk assessment. She added that she meets with the Department of Health and Strategic Planning and Performance Group (SPPG) on a regular basis and the Trust dynamically risk assesses on a daily basis. Dr O'Kane reminded members that psychological support is available to

staff and those families affected can avail of independent support. The Chair asked for confirmation that an early alert in relation to the Urology Public Inquiry has been submitted to the Department of Health to which Dr O’Kane confirmed that it had.

Mrs McCartan asked for an explanation on the maternal death in relation to actual blood loss versus estimated blood loss. Dr O’Kane explained that the Trust is the only Trust in the region to measure actual blood loss, which consists of weighing swabs to determine the volume of actual blood loss.

6. MINUTES OF MEETING HELD ON 31st MARCH 2022

The minutes of the meeting held on 31st March 2022 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 31st March 2022

7. MATTERS ARISING

Members noted the progress updates from the relevant Directors to issues raised at the previous meetings.

STRATEGY

8i. CORPORATE PLAN 2022 – 2023 – ‘ONE YEAR PLAN’ (ST1098/22)

Mrs Leeman presented the one-year corporate plan, which sets out the corporate priorities for the year ahead, 2022/23. She stated that this one year plan will provide a bridging position whilst engagement is commenced with staff, service users, statutory partners and other stakeholders and wider community on the development of the next Corporate Plan for 2023 – 2028. It will align with the Executive’s Mandate, including new agreed outcomes for the population that will be further developed with integrated care systems (ICS).

Mrs Leeman presented an overview of the corporate plan and highlighted the 3 corporate priorities agreed reflecting this post pandemic period and defining what the Trust will focus on:-

1. Stabilising, Rebuilding and Growing
2. Improving access to planned services for our patients

3. Supporting unplanned, urgent and emergency services

Mrs Leeman spoke of the People Framework, which outlines three priorities of Wellbeing, Belonging and Growth. This framework will underpin plan and those who deliver it. The plan also enshrines the core HSC values

In concluding, Mrs Leeman reported that a number of key enabling strategies will be launched this year support how we deliver services; 'Safe Today, Safe Tomorrow' – a strategy for quality, safety and improvement; 'Working Together' – a strategy for service user involvement; Improving the Estate; Digital Strategy and Financial Strategy.

Mrs McCartan welcomed the presentation however she noted her concern that there are significant plans to achieve within a one year timeframe. Mrs Leeman explained that the plan is the foundation of a one to five year plan. She added that an engagement strategy will be brought forward with a wide range of partners over the next number of months to further the 2023 – 2028 plan. Guidance is awaited from the Department of Health on the development of the 5 year plan. The Chief Executive noted that a 5 year plan would be more explicit.

Mr Wilkinson asked how the success of the Integrated Care System (ICS) is measured. Mrs Leeman commented that the key areas of the ICS (council, community voluntary sector) will be working collaboratively with the Trust to implement and monitor the plan and address any actions required. A strategic outcomes framework is also being developed to support measurement.

The Board approved the Corporate Plan 2022 – 2023 – 'One Year Plan' (ST1098/22)

8ii. SURGICAL SERVICES IN THE SOUTHERN TRUST

Mrs McClements provided an update in respect of General Surgical Services since the last meeting. She reminded members that the contingency arrangements came into place on 28th February 2022 meaning that admissions for surgery and ambulatory services would be on the single site of CAH for the contingency period. Mrs McClements advised that Project Team meetings continue on a monthly basis with representation from surgical team, HR, Planning, Finance, Trade Unions, GPs and Strategic Planning and Performance Group. The

Service User Reference Group has been established and two meetings have taken place to date and engagement continues with all specialities, NIAS, staff and Trade Unions and Staff side. She reminded members that the consultation documentation is being drafted and will be finalised once a preferred service model is agreed. Following this, a 12 week formal consultation period will run from 30th June – 23rd September 2022. A 4-week review of responses and outcome report will be developed prior to the outcome determination at Trust Board on 27th October 2022.

Mrs McClements gave an overview on the activity to date; approximately 12-13 admissions a day (two-site model would have had approximately 14 admissions a day). Approximately 3-5 patient transfers per day from DHH Emergency Department to CAH General Surgical Wards. Transfer can be via patient own transport, private ambulance and NIAS. She advised that the data is currently being collated on mode of transport. Emergency General Surgical Unit Mobile Phone is operational 24/7 for DHH Emergency Department and DHH Inpatient Specialties requiring opinion/referral. This phone line receives approximately 3-7 calls per day from DHH Emergency Department and at most 1 call per day from a DHH Inpatient Specialty. Mrs McClements noted that GPs have access to the Emergency Surgical Unit Mobile Phone Monday to Friday 9am to 4pm and stated that this is very well utilised with 5-7 calls per day and GPs would like the service extended until 6pm.

Mrs McClements gave an overview on the number of transfers from Monday 28th February to Sunday 17th April 2022; 159 patients transferred from DHH to CAH General Surgical Wards, of which: 14 patients underwent an emergency endoscopy procedure, 29 patients underwent a GA procedure during their emergency admission and 1 of the patients requiring an emergency procedure was transferred from DHH ED straight to theatre. All other patients went to theatre from the CAH General Surgery Wards at some point during their inpatient stay.

In relation to the CAH Emergency Theatre list, Mrs McClements explained that to relieve pressure and to ambulate more patients, a pathway has been developed allowing patients to be discharged from the ambulatory clinic or ward and booked a slot on an urgent bookable theatre list in DHH. She added that a new Surgical Ambulatory Unit will be opened by the end of June 2022. This will provide 10 bed bays, 2 consultant rooms, treatment room, ancillary accommodation.

Mrs McClements spoke of the staffing difficulties in populating the surgical rotas due to staff numbers. She explained that there are currently 9 substantive Consultants covering the emergency rota when there should be 15. Mrs McClements advised that Consultant job descriptions will be advertised in June 2022 with a caveat included regarding the contingency model and a consultation taking place.

Next steps were discussed. Mrs McClements reported that the equality screening on the contingency arrangement has been approved and work is underway to develop a full equality impact assessment and rural needs screening will commence once preferred service model outcome is known.

In concluding, Mrs McClements commented that overall staff are content with the new model and patient's feedback at ward and ambulatory unit level has been positive with no incidents reported.

Ms Donaghy asked if there have been any reported transport delays from DHH to CAH. Mrs McClements reminded members of the three options to transfer patients; NIAS, private ambulance and own transport. She provided assurance that there have been no undue delays.

Mrs McCartan asked for further explanation of the new Surgical Ambulatory Unit. Mrs McClements explained that this unit encompasses varied treatments and intervention; a number of patients will be treated and discharged on the same day, others may need treatment and progress to a ward or theatre.

The Chair proceeded to take questions/comments from the political representatives.

Mr Justin McNulty, MLA, SDLP commented that he felt that the Trust were giving the public the impression that '*everything appears rosy*'. Mrs McClements disagreed and reminded members of the difficulties in recruiting staff and the challenges of ensuring that job descriptions offer sub specialities to ensure that doctors can continue their training and career development.

Ms Liz Kimmins, MLA, Sinn Fein asked if the base location will be included in the job descriptions and be site specific. Mrs McClements explained that SHSCT employees are required to be available to work across the whole Trust geographical area. She added that surgery is

undertaken across DHH, CAH and STH sites; therefore, the need for a flexible workforce is crucial. Mrs McClements spoke of the sensitivity in ensuring not to pre-empt the outcome of the consultation by including base locations on job descriptions.

Ms Teggart left the meeting at this point

CULTURE

9. PSYCHIATRY OF OLD AGE AND MEMORY SERVICES IN SHSCT

Ms McGall provided an update on the Dementia services which are provided by three locality community teams and a 17-bedded inpatient assessment and treatment unit, Gillis Ward Armagh. Psychiatry of Old Age Services are provided within the Support and Recovery Service, across three locality community teams and are supported by the 16-bedded Willows Ward, Bluestone Site, Craigavon Area Hospital. She informed members that from 31st March 2022, there is 1 WTE permanent Consultant in Psychiatry of Old Age in place for all the services detailed above. Two posts are vacant and although Locum cover is in place, this is confirmed only until end-June 2022. One post is vacant due to maternity cover until at least Autumn-2022. Ms McGall reported that regionally there is a lack of available, suitably trained and experienced workforce for permanent and locum Consultant Psychiatry recruitment.

Ms McGall informed members that as of 31st March 2022, there has been no aligned / available Consultant Psychiatry cover for the 17-bedded Gillis dementia assessment and treatment unit. Service provision was unsustainable and the Trust instigated an interim change in service delivery to ensure safe and effective care. Future consultation on the longer-term model of service delivery will be required. She advised that patients from the Gillis Ward as an interim contingency arrangement, relocated from the St. Luke's site, Armagh, to Willows Ward, Bluestone Site, Craigavon Area Hospital on 4th May 2022. She noted that 95% of the workforce were also relocated to the Willows ward and feedback and engagement from families has been positive. Ms McGall did note that the current environment is smaller in footprint, however patients now have their own rooms and increased privacy.

Next steps were discussed. Ms McGall stated that a 12-week formal consultation period is required from 3rd October to 23rd December 2022.

A 4 week review of responses and outcome report to be developed: January – February 2023 and the outcome determination at Trust Board in February 2023.

Mrs McCartan asked for further information on the inability to recruit into this service. Ms McGall spoke of the significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age regionally. She added that an increase in training places are required and the importance of promoting the Trust as a great place to work to attract staff.

In response to a question asked by Mrs McCartan in relation to the impact on General Adult Psychiatry beds, Ms McGall explained that the 3 communal bathrooms on general adult wards would be turned into bedrooms, which would reduce the impact of beds re-designated on Willows Ward.

The Chair welcomed this update and advised members that she accompanied the Chief Executive to the Willows Ward to ensure that the patients had settled in and staff were content.

Members asked that an update be provided at a future meeting.

Action: Ms McGall

Mrs Trouton and Ms Teggart joined the meeting at this point

ACCOUNTABILITY

10. DRAFT ANNUAL REPORT ON THE DISCHARGE OF DELEGATED STATUTORY FUNCTIONS AND CORPORATE PARENTING REPORT 2021/22 (ST1099/22)

The Chair welcomed Ms Marita Magennis, Assistant Director Social Work Governance, Workforce Development & Training to the meeting.

Mr McCafferty presented the above-named report for approval. He advised that the Delegated Statutory Functions and Corporate Parenting report specify within the Personal Social Care Services, the powers and duties that the HSCB has delegated to the Trust. The report outlines how the Trust has discharged the relevant functions across all programmes of care. Mr McCafferty spoke of the highly challenging environment that staff have been working in over the past

year, which has been magnified by the workforce issues and significant challenges in recruiting staff, however he noted the very high level of compliance achieved by staff and how innovation has been maintained across the teams during this difficult period.

Ms Magennis delivered a comprehensive presentation setting out the key challenges within the report across Directorates. She presented key data within Children and Young People's services, Learning Disability, Physical and Sensory Disability, Mental Health, Mental Capacity Act 2016, Adult Safeguarding, Acute Hospital Social Work and Older People & Primary Care. She spoke of the challenges in maintaining core staffing requirements, primarily due to a lack of Social Work staff available for recruitment in particular within the Gateway and Family Intervention Teams. Ms Magennis reported that from March 2022 there were 293 unallocated cases in Family Support and 100 in Gateway and attribute this to staff vacancies in these teams. She noted that work continues to recruit students to address the workforce gaps. On a positive service expansion note, Ms Magennis reported that there is an increase in both service capacity and expressions of interest by potential carers for the Short Breaks fostering service and spoke of the importance this service for families who have children with disabilities.

Ms Magennis informed members of the regional Review of Children's Services by Professor Ray Jones who will be completing his review and associated recommendations in Spring next year.

In relation to demands for services, Ms Magennis advised that there has been an increase demand for Family Support Hub, increased presentation of Asylum Seeking Young People and referrals to the CAMHS Substance Use Service. She advised of the service development regarding KAIROS Edge of Care, which provides targeted support to families with the objective of reducing the likelihood of admission to looked after services.

In concluding, Ms Magennis advised of significant capacity and resource limitations in respect of meeting obligations relevant to the Mental Capacity Act, for example, the ability to undertake annual reviews due to the inadequate funding and the impact of demands on staff.

Mrs Leeson enquired about the increased use of temporary Nursing Home and Residential beds for patients with a physical or sensory disability and asked why Nursing Homes are being utilised. Ms McGall

explained that funding is a contributing factor however, it is also due to the level of provision for patients under 65 and the lack of appropriate residential beds, supported living and housing options. In responding to a question asked by Ms Donaghy, Mr Beattie provided assurance that if a service user is discharged from hospital and a domiciliary care package is not available and they are then subsequently admitted to a nursing home or residential home the service user will not lose their place on the list for domiciliary care.

In response to a question asked by Mrs McCartan, Mr McCafferty advised that accountability meetings take place with the Strategic Planning and Performance Group (SPPG) with key lead directors where initiatives undertaken by service users and young people is highlighted.

Mr Wilkinson spoke of the Young People's Pledge that took place in previous years and stated how beneficial this was for the young people and the Directors. He asked if consideration can be taken to re-introduce the commitment to the Young People's Pledge. Mr McCafferty agreed to take this forward.

Action: Mr McCafferty

Mr Wilkinson asked if the number of student social work placements can be increased. Ms Magennis recognised there is a need for additional placements and stated that discussions are ongoing to extend Open University places. She spoke of the importance in building relationships with students and to provide a good experience and environment in the hope that they choose to apply for a permanent role with the Trust once they graduate.

Mr McDonald asked that with the impending introduction of the Integrated Care System, if the DSF framework would significantly change. Ms Magennis commented that the targets will be set on an outcomes based approach (OBA) and the Trust is part of a pilot for this.

Mrs McCartan suggested that this presentation accompany the DSF and Corporate Parenting Report submission to the Department of Health. Mrs Leeson asked if feedback from the Department of Health on the SHSCT DSF report could be shared with members. Mr McCafferty agreed to follow this up.

Action: Mr McCafferty

The Board approved the Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2021/22 (ST1099/22)

11. ENDOWMENTS & GIFTS COMMITTEE

- **Committee Chair Report from 24th March 2022**
Ms Donaghy presented her Committee Chair Report from the meeting held on 24th March 2022.
- **Minutes of meeting held on 24th January 2022**
Ms Donaghy presented the minutes of the Endowments & Gifts Committee meeting for information purposes.

12. AUDIT COMMITTEE

- **Committee Chair Report from 5th April 2022**
Mrs McCartan presented her Committee Chair Report from the meeting held on 5th April 2022.
- **Minutes of meeting held on 3rd February 2022**
Mrs McCartan presented the minutes of the Audit Committee meeting for information purposes.
- **Committee Chair Report from 5th May 2022**
Mrs McCartan presented her Committee Chair Report from the meeting held on 5th May 2022.
- **Minutes of meeting held on 5th April 2022**
Mrs McCartan presented the minutes of the Audit Committee meeting for information purposes.

13. GOVERNANCE COMMITTEE

- **Committee Chair Report from 12th May 2022**
Ms Mullan presented her Committee Chair Report from the meeting held on 12th May 2022.
- **Minutes of meeting held on 10th February 2022**
Ms Mullan presented the minutes of the Governance Committee meeting for information purposes.

14. APPLICATION OF TRUST SEAL (ST1100/22)

Ms Teggart sought approval for the Application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the Application of the Trust Seal (ST1100/22)

15. ANY OTHER BUSINESS

The Chair asked the Executive Directors of Medicine, Social Work, Nursing and Finance if there were any other issues relating to their professional roles they wished to bring to the Board's attention. There were none noted.

In conclusion, the Chair recorded thanks to everyone for their attendance and participation in the virtual meeting and advised the next meeting would take place on Thursday, 23rd June 2022 at 9.30 a.m.

The meeting concluded at 12.50 p.m.

SIGNED: _____

DATED: _____