

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 11 January 2018 at 10.00 am in the Denis
Desmond Room, Trust Headquarters, Altnagelvin Hospital,
Londonderry**

PRESENT

Mrs J Doherty, Acting Chair
Dr A Kilgallen, Chief Executive

Dr G McIlroy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Dr C O’Mullan, Non-Executive Director
Mrs M Woods, Non-Executive Director

Mr T Millar, Director of Adult Mental Health and Disability
Services
Mr K Downey, Executive Director of Social Work/Director of
Women and Children’s Services
Dr B Brown, Executive Director of Nursing/Director of Primary
Care and Older People
Dr D Hughes, Medical Director
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mrs A McConnell, Director of Human Resources
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs A Friel, Head of Pharmacy and HDU
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chairman/Chief Executive
Dr Mc Glennon, Consultant Psychiatrist/Divisional Clinical
Director, Ms Eilish Deeney, Team Manager Home Treatment
Team/Acute Day Care and Mrs Amanda McFadden, Assistant
Director Mental Health (agenda item 1/18/9 only)

1/18/1

CONFIDENTIAL ITEMS

1/18/2

CHAIRMAN'S BUSINESS

Mrs Doherty began by welcoming everyone to the January Board meeting in Londonderry and wished everyone a happy new year. She welcomed Mr Dixon to the meeting.

She said Mr Birthistle, Chairman, asked her to chair the meeting as he was unable to attend. She referred to his business report from the previous meeting.

- Mr Birthistle expressed his thanks and appreciation to all staff who worked hard over the Christmas/New Year period as services were under increased, sustained pressure.

On behalf of the Non-Executive Directors, he asked that their appreciation be passed to staff both in our hospitals and in the community, for all the work they do.

- Members were advised that Ms Annmarie Kelly and Mr Rhys Davies from the Capital Costing and Efficiency Team won the regional HFMA Fred Armstrong Achievement Award in recognition of the development of a Quality Improvement and Cost Reduction Dashboard. This dashboard will be used in daily workforce management and quality improvement initiatives.

Members were advised that this was the first time in 25 years that the Western Trust had won this highly coveted award and was a reflection of the innovative work undertaken by Ms Kelly and Mr Davies in this area.

- During December the Chairman visited many sites across the Trust's area meeting staff and service users including Family Nurse Partnership, the launch of the Tyrone County Legacy Booklet, a visit to Omagh Hospital and Primary Care Complex, South West Acute Hospital and Altnagelvin Hospital, and Woodlands Children's Unit.
- On 4 January the Chief Executive and Chairman had their mid year accountability meeting with the Permanent Secretary. Discussion took place on the financial outlook for 2018/19, medical workforce challenges, domiciliary care and Learning Disability capitation underfunding. As always robust discussion took place.

The Permanent Secretary acknowledged the imminent retirement of our Chairman and 3 Non-Executive Directors at the end of March 2018.

1/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen advised that as predicted there had been and continued to be an increased volume of people attending the Trust's Emergency Departments during

December and January. She said many of those attending were older people with co-morbidities and were presenting as very sick.

She said in preparation for the winter period alternative pathways for patients presenting in ED and for community services had been developed however despite these plans there had been staffing issues with increased sickness across all sites.

Dr Kilgallen advised members that during the Christmas/New Year Period there was an increase in the number of attendances to the Trust's EDs from this time last year - 13% in Altnagelvin, 3% in South West Acute and 5% in the Urgent Care and Treatment Centre. She said that in Altnagelvin there was a 12% increase in the number of ambulance drops off which resulted in added pressures with patient flow through the emergency department.

Dr Kilgallen said that during the period she saw tremendous team work and saw exemplary commitment from staff.

She said the Trust's Ambulatory Care Service was working very effectively with its extended day. In addition the Acute Care at Home service and the community respiratory services were both able to move patients from acute care to care in the patient's own home.

Dr Kilgallen commended the Hospital Ambulance Liaison Officer service provided by NIAS in Altnagelvin and said this allow more timely handovers when the patient was brought into ED.

Members were advised that during the period there were daily conference calls with Senior Managers dialling in to ensure patient flow was being maintained.

Dr Kilgallen advised that services would continue to be pressurised in January but assured members that safety and quality was central to the measures in place to meet demand.

Dr Kilgallen said there was a normal flu activity in the community and said that in particular young healthy people were getting sick. She asked the media present to re-run the message that it is not too late to receive the flu vaccination and said she would encourage people to get it.

Dr Kilgallen advised that the Permanent Secretary visited the Trust on 8 January to meet with front line staff to acknowledge their hard work over the Christmas/New Year period. She said he visited Altnagelvin Hospital, the ambulance depot on the hospital site, the Urgent Care and Treatment Centre, Omagh, concluding with the South West Acute Hospital. She said Mr Pengelly will visit the Trust again to visit community and mental health services.

Mrs Doherty thanked Dr Kilgallen for her report. She reminded members of the Chose Well Campaign and said members of the public should be reminded of the alternatives to emergency departments.

Dr McIlroy acknowledged the exceptional pressure being experienced and said if the additional measures had not been put in place he believed services would be under greater pressure. Dr Kilgallen said the Trust's Full Capacity Plan had been implemented on 28 December and that our systems were very responsive to the pressures being experienced in ED and flow of our services.

1/18/4

APOLOGIES

Apologies were received from Mr N Birthistle, Acting Chairman, Mr J Campbell, Non-Executive Director, Mrs S Cummings, Non-Executive Director and Mrs G McKay, Director of Acute Services.

1/18/5

DECLARATION OF INTERESTS

There were no declarations of interests expressed.

1/18/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous Board meeting held on 7 December 2017 having been previously distributed were approved as a true and accurate record of discussion and were duly signed.

1/18/7

MATTERS ARISING

There were no matters arising.

1/18/8

QUALITY AND SAFETY

Infection Prevention and Control Update

Dr Hughes referred to an Infection Prevention and Control update within members' papers.

He reminded members that the Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease in 2017/18 is 44; a reduction of 12 cases or 21.43% compared to last year. To date 53 cases had been reported and therefore the reduction target set had been exceeded. Members were advised 29 of these cases were classified as healthcare-acquired or associated as they had occurred more than 48 hours after admission to hospital (definition used by the Public Health

Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated. Dr Hughes said the remainder 24 were classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.

Continuing Dr Hughes reminded members that the MRSA bacteraemia reduction target for 2017/18 is 5. He reported that since the beginning of April 3 cases had been reported and they were all categorised as community-associated. As such, the Trust is currently on track to achieve the target, with a cumulative decrease of 20% compared to 2016/17.

Dr Hughes advised that as of 3rd January 2018, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 854 days

South West Acute Hospital – 690 days

Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 1084 days

Dr Hughes referred to Ward 50, Altnagelvin, which has had an increased incidence of patients with Glycopeptide-Resistant Enterococci (GRE) colonisations. He said 3 of the 4 GRE clinical specimens have the same pulsed-field gel electrophoresis (PFGE) typing and links in time and place to Ward 50/ Sperrin Unit. Dr Hughes said a further 3 specimen typings were awaited. Dr Hughes said this increased incidence had now been defined as an outbreak and assured members that the Infection Prevention & Control (IP&C) Team was providing support and reviewing practice on the ward/unit since 2nd November 2017.

Mrs Woods referred to the outcome of *C. difficile* audits and improved scores. Dr Hughes explained that where there is an outbreak of *C. difficile* he walks the ward with the lead nurse and along with IPC staff they work to improve the outcome. He referred to ward 1 and said that he was pleased that this was now an improved position. He referred to wards 41 and 50 and said enhanced work was being done.

Dr Hughes referred members to an update in respect of pseudomonas and hand hygiene compliance.

Concluding his report Dr Hughes referred to the work of the Antimicrobial Management Team. He advised that work was progressing across wards in a collegiate way with the GP Associate Medical Director, the antimicrobial team and IPC to look at antibiotic treatment. He also advised that the GP Associate Medical Director and a pharmacist are working with GPs to review prescribing practices and to improve antimicrobial prescribing.

Environmental Cleanliness Update

Dr Brown referred members to the above audit overview for November 2017.

Referring to bi-monthly reports Dr Brown advised that overall compliance was 100%.

In relation to quarterly audits members were advised that compliance for the second quarter was 57% with 43% of audits still to be completed during the quarter.

In respect of the 6 monthly audits compliance it was noted that for the second month of the 6 month compliance, 34% of audits had been carried out.

In respect of managerial audits Dr Brown said 3 audits had scored less than 75% - Shantallow Health Centre, Gortin Day Centre and the CMHT Key Worker accommodation in the South West Acute Hospital. He said funding is available to improve the environment within Shantallow Health Centre and this should improve score. Dr McIlroy noted the improved performance within Irvinestown Health Centre.

Dr Brown said that there were a number of compliance ratings which he would address these with the relevant Director.

Mrs O’Kane commended the overall performance as outlined in the report.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Corporate Risk Register and Board Assurance Framework. He said there were 23 risks on the Register as approved at Governance Committee on 13 December.

Dr Hughes advised there were no material changes for consideration or approval. He stated 2 risks had been de-escalated from the Register following approval at Governance Committee – risk ID108 and risk ID948 and these were now being managed at Directorate level.

1/18/9

MICROSYSTEMS COACHING – HOME TREATMENT TEAM/ACUTE DAY CARE

The Chairman welcomed Dr Mc Glennon, Consultant Psychiatrist/Divisional Clinical Director, Ms Eilish Deeney, Team Manager Home Treatment Team (HTT)/Acute Day Care (ADC) and Mrs Amanda McFadden, Assistant Director Mental Health to the meeting.

Mr Millar thanked members for the opportunity to present at today’s meeting and said this quality improvement initiative was aimed at improving services in Grangewood Hospital and said such quality improvement initiatives were reforming services within the Mental Health sub-directorate. He invited Mrs McFadden to begin the presentation.

Mrs McFadden said Grangewood Hospital has the highest admission rate in Northern Ireland but with the lowest occupancy rate as a result of this work. She said the hospital has 3 areas of care – inpatient care, acute day care and a home treatment team. She said this improvement journey was led and owned by staff and resulted in real benefits for both patients and clients and staff.

Ms Deeney shared with members how improvement science and team coaching fitted together to result in quality improvement in the home treatment team and acute day care. She outlined the microsystem improvement ramp commencing with the first stage – the 5P assessment - purpose, process, patients, and patterns. She said the priority was handover, acute day care and discharge. She said these areas were process mapped with driver diagrams developed to show what was to be achieved.

Ms Deeney shared with members the benefits of microsystems to the Team which included multi-disciplinary decision making, joint problem solving, commitment to quality improvement, learning new skills such as process mapping, driver diagrams and effective meeting skills and a sense of achievement and sustained activity creating an improvement culture. She said this work embedded a culture of quality improvement in the service and allowed the team to prioritise its work.

Mrs Deeney referred to effective meeting skills. She explained that the 4 key roles rotate amongst the entire team. Mrs Woods asked if staff had increased confidence. Mrs Deeney said staff felt involved in the improvement journey and part of the change.

Dr McGlennon continued the presentation by sharing the service history and how by using quality improvement they improved the working of the crisis team. She shared statistical information in respect of the inpatient unit including bed days and crisis referrals. She said that improved patient flow meant more timely admission and discharge for patients thus reducing risk. Dr McGlennon said through QI the service was able to introduce enhancements to the service including daily therapeutic 1:1 work and individualised therapeutic activity program, and use home treatment to facilitate early discharge.

Dr McGlennon added that for staff the improved service had increased morale and allowed time for monthly team meetings, education and reflection with weekly team quality improvement work.

Discussion followed the presentation. Members congratulated those present and commended the improved service for both patients and staff.

Mr Downey referred to safety planning and said that he would welcome more information as this could be read across to child care. He also commended the work on psychological safety for staff.

Mrs Doherty thanked those present and said she attended the Adult Mental Health and Disability Directorate's Governance Committee and said she was delighted to see the progress on this improvement journey.

Discussion took place regarding the opportunity to roll out this work within the Directorate and across other services. Dr Kilgallen reminded members that the Trust would be become a Flow Coaching Academy for Northern Ireland from March. She said the Academy will provide training to staff to build team coaching skills and improvement science at care pathway level to improve patient flow through the

healthcare system. She advised that 3 microsystems have been identified and a further briefing will be provided to members in due course.

Mrs McFadden thanked members for the opportunity to attend. She said in particular she would like to commend Dr McGlennon for her leadership. She said Dr McGlennon had used improvement science to address difficulties in service provision which had resulted in a decrease in sick leave and violent incidents against staff. She said that as a result of this staff felt empowered and feel they can make a difference.

1/18/10

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 NOVEMBER 2017

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 30 November 2017 contained in the papers.

Mrs Mitchell advised that the Trust had received £22.1m from the Department of Health to offset an element of the deficit. She explained that this funding was from the £40m secured by the Department in October. She stated that this allocation restated the projected year end deficit to £2.274m and she had written to the Deputy Permanent Secretary to advise that the Trust would treat the residual deficit as being authorised.

Mrs Mitchell also highlighted that the allocation from the Department of Health continued to recognise the exceptional financial pressures faced by the Trust which are Looked After Children, medical locum costs and ED staffing.

Mrs Mitchell advised that the Trust is reporting a deficit of £3.947m (0.9%) as at 30 November 2017.

Mrs Mitchell referred to the table on page 4 which documents the changes in the forecast year-end deficit since August 2017.

Mrs Mitchell continued by referring members to Table 2 and advised that the Women & Children's Directorate had increased their overspend from the previous month with the Primary Care and Older People's Directorate's overspend having reduced and the Acute Directorate having remained static. She noted that the Adult Mental Health and Disability Directorate remained in a breakeven position. Mrs Mitchell advised that all the support Directorates were reporting an underspend position.

Mrs Mitchell drew members' attention to Table 3 and the graph on page 7 and stated that the Trust continues to contain medical locum costs within the previous year's expenditure level of £17m.

Mrs Mitchell referred members to page 8 and noted that the Trust had received funding for Elective Care amounting to £3.1m and had spent £1.1m as at the end of November.

Mrs Mitchell noted that the Capital Resource Limit was £36.5m.

Dr McIlroy said that he noted the correspondence with the Deputy Permanent Secretary regarding the treatment of the remaining deficit as an authorised deficit, however he would prefer the Trust to report a breakeven position. He also noted that the Directorates had developed their plans in full for the internal savings target.

Dr McIlroy also referred to the medical locum costs and said that it was encouraging that the Trust had been able to curtail the incremental increase from previous years. Dr O'Mullan queried why the deficit at month 8 of £3.9m was higher than the projected year end deficit of £2.2m. Mrs Mitchell advised that this was due to the profiling of savings plans. Dr Kilgallen mentioned that the savings plans referred to the annual internal savings plans.

Mrs Doherty asked about the achievement of the pharmacy savings. Ms Friel advised that it is unlikely that the Trust will achieve this target in full during 2017/18.

1/18/11

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end November 2017. She said her presentation would focus on improvement trajectories for hospital and community services, unscheduled care and month 8 performance in a number of non-acute services.

Mrs Molloy referred to performance against unscheduled care targets. She said that performance attained in November against the 4 hour standard in Altnagelvin Hospital had been 74% and 84% in SWAH. She said there had been 17 breaches in Altnagelvin Hospital against the 12 hour standard and 8 breaches in the South West Acute Hospital.

Mrs Molloy advised that cumulatively the Trust's position at November was 79% with 301 x 12 hour breaches, which was the highest performance of any Trust across Northern Ireland, and that the position had worsened as the Trusts moved into the winter period.

Mrs Molloy highlighted the impact of delayed discharges on unscheduled care flow in both hospitals, and advised that in respect of complex discharges from an acute hospital within 48 hours the Trust's performance had been 80%. She said discharge for complex patients remained challenging, even though the numbers of patients requiring this level of intensive planning had reduced on the previous month. The reasons for delayed discharge were, in the main, complexity of care planning, availability of care packages and availability of step down beds. She advised that the Trust remained focussed on early in the day simple discharges, and this was reviewed as part of the work of the Flow Hub on a daily basis.

Mrs Molloy briefed members on the key changes in unscheduled care activity over the Christmas/New Year period in comparison with last year. She said for the period 24 December 2017 – 4 January 2018 in Altnagelvin Hospital there had been an increase of 13% in ED attendances; an increase by 12% in NIAS arrivals and an increase in 12 hour breaches. However, the number of people admitted had remained relatively stable, demonstrating the effectiveness of the additional measures put in place to support ED and to secure alternative assessments and pathways to enable patients to avoid admission to an inpatient bed.

In relation to the South West Acute Hospital for the same period members were advised that there had been an increase of 3% in ED attendances; an increase by 2.6% in NIAS arrivals however there was a significant reduction in 12 hour breaches. She added that there also had been a slight reduction in admissions.

In respect of the Urgent Care and Treatment Centre members were advised that there had been a 5% increase in attendances.

Dr Brown commented on the need for constant management attention and said at times pressures were significant within EDs and both hospitals with capacity very challenged. He commented on the Director presence on the site over the Christmas and New Year period to support staff and enable escalation and resolution of issues affecting patient care and flow. He noted that escalation beds had been required in SWAH to deal with some of the pressures and that there was ongoing effort to secure nurse staffing and maximise bed capacity.

Continuing with performance on cancer services, Mrs Molloy advised that the Trust's performance against the 14 day breast standard was again 100% compliance achieved for Western Trust patients, and 99% compliance when the patients transferred from the Southern Health and Social Care Trust are included. Members noted that 282 patients had been seen in November. She commended staff on the continuing efforts to support the Southern Trust, where there had been considerable service difficulties, requiring other Trusts to support patients on this pathway.

In relation to the 31 day standard the Trust's performance had been 100%. 116 patients commenced their treatment in November 2017.

In respect of performance against the 62 day access standard, Mrs Molloy advised that during November 69 patients commenced treatment. She said the Trust had achieved compliance of 93% for November with 5 breaches concerned with lower GI and urology tumour sites.

Mrs Molloy advised members that a performance improvement trajectory for cancer performance had been submitted to the Health and Social Care Board with a prediction to maintain performance from 2016/17.

Moving to fracture services Mrs Molloy advised that the Trust had met the ministerial standard that 95% of hip fracture patients should receive inpatient fracture treatment within 48 hours, and commended staff for this performance. Mrs Molloy advised that there had been 21 patients treated with 1 breach in November.

- In respect of all inpatient fractures being treated within 48 hours, members were advised that the Trust's performance had been 95% with 4 patients being seen over 48 hours. It was noted that 83 patients had been treated.
- In respect of all fractures within 7 days, the Trust's performance had been 100%. It was noted that 92 patients had been seen.

Mrs Molloy referred to elective access for new outpatients. She advised members that the Trust was now monitored against the improvement trajectory agreed with HSCB, which was broadly on track, and not the Ministerial target. She provided the current position on both Outpatients and Inpatient/Day case access to treatment.

Mrs Molloy advised that the Trust was continuing to undertake Waiting list Initiative work to reduce the numbers of patients waiting for assessment and treatment and to date a total of £2.2m had been made available to the Western Trust during 2017/18, with an allocation having now been made for Quarter 4. Mrs Molloy said a plan for the Q4 allocation was being finalised for submission to HSCB.

Mrs Molloy advised that the Trust's performance on delivery of diagnostic services had increased to 82% against the Ministerial standard on diagnostics access that 75% of patients should wait no longer than 9 weeks for a diagnostic test. She said the Trust had undertaken additional activity to address the echoes waiting list and this would continue during 2017/18 and into 2018/19 to fully recover the position, subject to availability of funding. In respect of the standard that all urgent diagnostic tests are reported on within 2 days of the test being undertaken the Trust's performance was 95%.

In relation to endoscopy Mrs Molloy advised that there was a reduction to 202 patients waiting longer than the 9 week standard and this service continued to perform very well and continued to be supported by waiting list initiative funding.

Mrs Molloy shared with members performance for Allied Health Professional services, advising that the breaches had reduced this month for the first time, from 3,943 in October to 3,803 in November 2017. She said at 30 November 2017, the number of breaches had decreased in Dietetics, Orthoptics, Occupational Therapy and Speech Therapy with Podiatry and Physiotherapy showing a slight increase. Mrs Molloy advised members that the Trust was in the process of implementing a Peripatetic Team for Physiotherapy and Occupational Therapy, in order to address the workforce gaps arising from absence.

Mrs Molloy shared the outcome of improvement trajectories for the period April – November 2017, which are the subject of accountability meetings with HSCB. She advised that the actual position for ED 4 hours was 79% against a predicted position of 78%; cancer 14 days – 100%; cancer 31 days – 99.7% against predicted position of 100%; cancer 62 days – 89% against predicted position of 86%; inpatient/day case core elective -7% against a predicted position of -6% and new outpatients core -14% against a predicted position of -15%.

In relation to performance improvement trajectories in respect of mental health waiting times members were advised that the CAMHS 9 week standard was targeted to recover to a zero breach position by year end, but was currently off-plan and deteriorating. This is the subject of separate discussions with the service to assure that recovery is still possible. Mrs Molloy added that waiting list initiative funding had been approved with the service predicting an improved position when locum and new staff commence posts in January.

It was noted that the Trust is meeting the planned trajectory for access to dementia services, and expects to improve on the predicted year end position.

Access to AMH services was also off plan at this point and Mrs Molloy described the work underway to review the high level of urgent referrals, validate waiting lists and undertake additional WLI-funded activity to improve the position.

Moving to Psychological Therapies, Mrs Molloy advised that Psychology staff recruitment challenges were impacting on capacity and performance, and that this was recognized as a regional issue with increasing levels of demand for these services. The reasons for the increasing demand is being examined by the service, and some waiting list initiative plans are due to commence to support a level of recovery of the breach position. Mrs Molloy said that all breach information was currently being validated by services prior to submission to HSCB, however this trajectory is considerably off-plan at this point and may not be recoverable by year end.

Dr McIlroy acknowledged the work of the hub in unscheduled care and the development of the AHP peripatetic team, and commended the efforts of management to support improvement in these important service areas.

Following a query raised by Mrs Woods, members were advised that additional funding is received for the Southern Trust patients using the Trust's breast assessment service. Members acknowledged the hard work and commitment of the service team, who have been so committed to collectively addressing the Southern Trust difficulties. It was noted that while the service to the Southern Trust patients was an interim measure, the configuration of breast assessment services was being reviewed across Northern Ireland.

Discussion took place regarding the Corporate "flow" meetings and members were assured that the Corporate Team is reviewing performance and pressures on a daily basis.

Mrs Doherty thanked Mrs Molloy for her informative presentation.

1/18/12

FINANCE AND PERFORMANCE COMMITTEE NOTES - 5 DECEMBER 2017

Dr McIlroy referred members to the notes of a meeting of the Finance and Performance Committee held on 5 December for information.

1/18/13

DELEGATED STATUTORY FUNCTIONS REPORT

Mr Downey referred members to his Delegated Statutory Functions mid point report for the period 1 April 2017 to 30 September 2017.

Mr Downey reminded members that the Health and Personal Social Services Order (NI) 1994 requires Trusts to specify how it discharges these functions. He said there are clear lines of accountability and quality assurance demonstrated clearly throughout his report and assured members that his report showed steady progress with a work plan to assist emerging issues.

Mr Downey shared with members some of the key outcomes highlighted in the report:-

- An increase of 18% in unallocated cases within Family Intervention Services since the same reporting period last year.
- The number of children on the Child Protection Register has increased within the last 6 months by 45%.
- An increase of 1,780 (46%) contacts at Gateway for the same reporting period.
- An increase in the number of UNOCINI's (Understanding the Needs of Children in Northern Ireland) accepted of 222 (35%).
- A 30% increase in the number of Looked After Children (LAC) that are in kinship care since 2015. (This is 44% of the total LAC population).

Mr Downey assured members that unallocated cases have been triaged and no case has a child protection concern.

Mr Downey advised members that a Coaching and Mentoring Programme for senior social work leaders had commenced. He added that self-directed support training had been carried out at levels 1, 2 and 3 Trust wide.

Mr Downey referred to Signs of Safety and said this was at a pre-implementation stage. He advised members that Ms Mahon, Assistant Director Strategic Lead for Signs of Safety, has been seconded regionally to roll out this programme. He advised that quality improvement was embedded in social work and advised that Ms Hunter, Head of Service for Adult Safeguarding and Service Improvement, would be assisting in IHI shortly.

Moving through his report Mr Downey advised:-

- There are currently 5,052 'children in need' on our social work caseloads.
- There are 421 (359 at 31 March 2017) children on the Child Protection Register indicating an increase of 62 since the last reporting period.

- 610 (588 at 31 March 2017) children/young people were being 'looked after' by the Trust. This represents a 52% increase since March 2011.

Referring to current and emerging issues within Women and Children's Services, Mr Downey advised that there were a large number of complex young people in care and in the community who required a wide range of bespoke packages with 24 hour wraparound support. He said there was also an increase in referrals for autism assessments which had led to an increase in the number of children referred for carers' assessment. In addition he said there was an increase in the number of requests for self-directed support to Family Support Panel for children with disability.

Mr Downey referred to pressures in foster care. He said the Trust was continuing to recruit foster carers however there were significant numbers of foster carers ageing out of the system. He advised that his Directorate had implemented improvement science to unregulated kinship placements of young people and he awaited the evaluation of this. He raised issues including early years registrations, short breaks and autism waits. In relation to the PfA target in respect of CAMHs Mr Downey said the service was striving to a zero breach position by 31 March and that additional measures would be put in place to ensure this.

Mr Downey continued by highlighting issues within adult mental health and disability services. He said there was a reduction in the number of approved social workers across the Trust in the last 6 months. He advised that the self-directed support process remained low within mental health although it was increasing within adult learning disability. He added that 2 senior social workers had been recruited to help improve capacity for social work supervision.

Mr Downey advised members that unallocated cases within adult learning disability had reduced significantly and investment had been agreed for 2 further Team leader posts to support the drive to ensure compliance with DSF. He said demand for residential short break provision and appropriate accommodation/supported living and associated care/support options for complex care needs cases was increasing.

Mr Downey referred to current and emerging issues in Primary Care and Older People. He said while there were professional supervision gaps recruitment plans were in place. He referred to the social work service improvement plan and he thanked Dr Brown for taking the lead on this. Mr Downey referred to other issues including delayed discharge and the role of social work/social care, transitional care arrangements and carer shortage and potential within community planning.

Concluding his presentation Mr Downey advised that the social work strategy was entering the second phase with an emphasis on improving social wellbeing. He said the impact of Universal Credit was having an impact on the population health profile. He added that Excellence in Community Care was driving service improvement across adult Programmes of Care. He confirmed that each Directorate has Delegated Statutory Functions as a standing item on its SMT agendas.

Discussion continued on the detail of Mr Downey's presentation.

Dr O'Mullan referred to the increases in the numbers of children on the child protection register and children in need. Mr Downey advised that the Trust is intervening earlier in terms of the family support network hub and Signs of Safety is central to reducing the level of bureaucracy facing social services. Mr Downey said the level of child poverty is very high in some of the Trust's wards and this was having a detrimental impact on families.

Mrs Woods reminded members that she is the Board member on the Trust's Adoption Panel and she confirmed that the Trust was getting better at identifying those children who are suitable to adoption earlier. She said being on this Panel allowed her to see first-hand the exceptional work undertaken by social services staff.

Mr Downey advised that sick leave had reduced within his Directorate which demonstrated to him the resilience and commitment of his staff.

Dr McIlroy asked if additional funding was secured given the increased number of looked after children. He was reminded that this funding pressure was highlighted to the Department of Health as part of the Trust's financial pressures. Mrs Mitchell advised that the Trust was receiving funding on a non-recurring basis for this pressure.

Discussion took place regarding deprivation and the capitation formula. Members were advised that it was the Trust's view that the capitation formula is not sensitive enough to intercity deprivation.

Mrs Doherty thanked Mr Downey for his very comprehensive report and presentation.

Following consideration members unanimously approved the annual report.

1/18/14

BRIEFING ON NORTHERN IRELAND BUDGETARY OUTLOOK 2018-20

Mrs Mitchell advised members that the Department of Finance has published a briefing paper on the broad strategic issues that will help inform decisions on a budget for 2018-19 and 2019-20 (and 2020 – 2021 for Capital).

She said this year, in the absence of Ministers, the Department of Finance has taken the unusual step of publishing information about the major issues which will need to be addressed before a budget can be agreed.

Mrs Mitchell referred members to the full briefing document within their papers for information.

1/18/15

POLICIES

- Ventilation Policy
- Food Safety Policy
- Zero Tolerance Security Policy
- Your Right to Raise a Concern (Whistleblowing)
- Gender Equality and Expression
- Regulation and Professional Registration

Following consideration the above policies were unanimously approved by members.

1/18/16

ENDOWMENT AND GIFTS MEETING – 5 DECEMBER 2017

Dr McIlroy referred members to the minutes of an Endowment and Gifts Committee held on 5 December. He said he was pleased to report a reduction of unused funding by £1m.

1/18/17

TENDER AWARDS

There were no tender awards for consideration.

1/18/18

TRUST FUNDS

Ms Friel shared with members a proposal to purchase 7 Nimbus Professional Mattresses from funds received from the Friends of Altnagelvin. She said the full cost of the mattresses would be met by the Friends.

Following consideration members unanimously approved this purchase.

1/18/19

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

Mr Dixon thanked members for the opportunity to attend the meeting and said that he had no specific issues to address with members.

1/18/20

ANY OTHER BUSINESS

There were no further items of business.

1/18/21

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 1 February in the Boardroom, Omagh Hospital and Primary Care Complex, Omagh.

**Mr N Birthistle
Acting Chairman
1 February 2018**