

**Minutes of a meeting of the Western Health & Social Care Trust  
Board held on Thursday, 5 April 2018 at 10.30 am in the Denis  
Desmond Room, MDEC Building, Altnagelvin Hospital,  
Londonderry**

**PRESENT**

Mr N Birthistle, Chairman  
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director  
Mrs J Doherty, Non-Executive Director  
Dr G McIlroy, Non-Executive Director  
Dr C O'Mullan, Non-Executive Director  
Mrs S O'Kane, Non-Executive Director  
Mrs M Woods, Non-Executive Director

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 A McConnell, Director of Human Resources  
Mrs T Molloy, Director of Performance and Service Improvement  
Mrs L Mitchell, Director of Finance and Contracting

**IN ATTENDANCE**

Mrs F Beattie, Assistant Director of Acute Services  
Mrs M McGinley, Executive Officer to Chief Executive  
Mrs C Cunningham, Communications Officer

4/18/1

**CONFIDENTIAL ITEMS**

4/18/2

**CHAIRMAN'S BUSINESS**

The Chairman welcomed everyone to the April Trust Board meeting in Londonderry. He referred to a report of his business since the previous meeting.

- On 5 March the Chief Executive was pleased to welcome the Secretary of State, Rt Hon Karen Bradley MP to Altnagelvin Hospital. During the visit the Secretary of State met with a range of health and social care staff visiting the Emergency Department, Ward 5 Orthopaedics, and Ward 44 Cardiology.

- On 6 March the Chairman attended a meeting of the Northern Ireland Confederation where discussion took place on the implications of the Inquiry into Hyponatraemia, Non-Executive Director Development as well as receiving a business update. The Chairman referred to a module being organised at the forthcoming NICON conference for Non-Executive Directors with the Rt Hon Stephen Dorrell on “Top Tips for NEDs - the Role of Non-Executive Director in Healthcare Transformation.”
- On 9 March the Chairman attended the Northern Ireland Social Work Awards. He said 2 Teams and one individual were shortlisted from the Trust and he was delighted that the Trust’s “My Laces” project won the Learning & Development Award of the Year.

Members were advised that the “My Laces” (Mentoring Young Looked After Children with Educational Support), project is a partnership project between the Trust, Ulster University and local Primary Schools. The project is unique in that it offers 10 young, looked after children (LAC) the opportunity to be mentored by social work students at Magee Campus each Wednesday after school. The project matches the children with student social workers for a 3-year period and is targeted at earlier intervention in primary school from primary 5 to primary 7.

- On 22 March 2018 the Medical Workforce Recruitment and Reform project won the Healthcare People Management Association Northern Ireland award for Innovation in HR and was also shortlisted for the HPMA Excellence in HR National UK award in the category of ‘Innovation in HR’ which takes place in June 2018.

The Medical Workforce Recruitment and Reform Project was established in 2015 to address the shortage of medical staff for a range of hard to fill posts throughout the Trust. To date 55 International doctors have taken up post in the Trust (36 remain in post) and an additional 23 doctors are progressing in the recruitment process.

- On 23 March the Chairman was delighted to attend an event with staff and carers that recognised PPI initiatives and programmes in place across the Trust. He said it was an excellent event and asked that his appreciation be passed to the organisers.
- On 27 March the Trust celebrated the official opening of the Health and Wellbeing Centre, Altnagelvin Hospital. The Chairman said he was delighted to welcome Mr Adrian Dunbar, actor and director, who had taken time out of his busy schedule to be there.

The Chairman was also delighted to be joined by our partners Macmillan Cancer Support who have provided significant capital investment at Altnagelvin Hospital in the new Macmillan Health and Well Being Campus.

- On 29 March Trust Board met to review Governance Committee meetings. A number of actions have been agreed and these will be discussed the next Governance Committee meeting in June.

4/18/3

### **CHIEF EXECUTIVE'S REPORT**

Dr Kilgallen shared a report of issues since the previous meeting.

- She referred to 2 recent initiatives which were undertaken with a view to developing support systems to direct and sustain improvements in the quality of care across all our services. Members were advised that in March the Trust took the first steps to establish a Flow Coaching Academy. Dr Kilgallen reminded members that the purpose of the Academy is to train a cohort of staff, initially in this Trust but eventually from across Northern Ireland, in flow coaching, an approach which has been shown to improve pathways of care for people who rely on us for services. She added that flow coaching involves the combination of team coaching with improvement science and it has a particular strength in the approach taken to involving service users and staff together to co-produce the pathways.

In March, 6 staff members travelled to Sheffield to participate in the first training event. In this first phase, the coaches were selected to focus on 3 pathways of care – care for frail people, care for people requiring hip or knee joint replacement and care for women who develop diabetes in pregnancy.

Dr Kilgallen advised that Dr McDonnell, Consultant Psychiatrist will be the clinical lead and co-ordinator for setting up the Academy and she commences this role on a half time basis shortly. Dr Kilgallen added that next year the Trust intends to have 10 care pathways in development and so extensive work will be needed to ensure we have staff ready for these roles.

- Dr Kilgallen advised members that the Trust took part in the international 'Break the Rules for Better Care' week from 5 to 9 March 2018.

Dr Kilgallen said "Breaking the Rules for Better Care" was developed and initiated by the IHI Leadership Alliance in 2016 as a way to identify health care 'rules' that get in the way of the care experience. She said as health care leaders, we aim to provide positive experiences for patients, families, and staff however sometimes we may inadvertently create processes or policies that have an unintended impact on the people we work to serve and support.

Members were advised that through Trust Communication, posters and discussion at meetings staff were asked if you could change or break one rule in service of a better health care experience for a patient/service user or member of staff, what would it be?

The aim was to highlight rules that are perceived as offering no value and bring waste, obstacles and misconceptions to light for the Trust to address and resolve.

134 suggestions were received over the week from a range of staff including doctors, nurses, AHPs, Social Workers, Support Workers and administration staff.

An 'Expert Panel' of CMT members convened on each day of the 'Break the Rules Week' to review submissions and provide feedback on some of the suggestions provided. The submissions were divided into:

- Rules that need clarity (e.g. myths or legal/contractual requirements)
- Rules that need redesign
- Rules that need advocacy

Due to the volume of suggestions follow up is continuing. A Trust Communication will be issued by the end of April, containing feedback on a selection of rules which have been acted upon.

- Dr Kilgallen referred to two upcoming meetings. First, a meeting of the Corporate Management Teams with the CMT of Saolta. She said discussions would include cross border services and future strategic working for both organisations. Secondly, members were advised that Mrs Molloy would be attending a meeting to discuss and make recommendations to the Permanent Secretary in respect of the HSC Transformation Delivery Plan. She said the meeting would seek to come to a finalised position on proposals to the value of £100m.
- Dr Kilgallen advised members that following today's meeting, a panel would convene to shortlist for the Interim Director of Adult Mental Health and Disability Service.
- Concluding her report Dr Kilgallen advised that the CMT meets daily in the reception area of Trust Headquarters to discuss a range of operational issues. She said it is important that CMT is visible to the organisation.

4/18/4

### **APOLOGIES**

Apologies were received from Mrs Cummings, Non-Executive Director, Mrs McKay, Director of Acute Services, and Mr Moore, Director of Strategic Capital Development.

Mr Dixon, Patient and Client Council, was also not present.

4/18/5

**DECLARATION OF INTERESTS**

There were no declarations of interest expressed.

4/18/6

**MINUTES OF PREVIOUS MEETING**

The Chairman referred to the minutes of the previous meeting held on 1 March.

Subject to the following changes the minutes were approved as a true and accurate record of discussion.

Page 9 – sentence should now read “*He said there is an added assurance in that RQIA undertakes clinical assessments as part of their audit programme*”.

Page 20 – sentence should now read “*He said the limited assurance was down to some staff/managers not following agreed procedures*”.

4/18/7

**MATTERS ARISING**

There were no matters arising.

4/18/8

**QUALITY AND SAFETY**

***The Inquiry into Hyponatraemia-related Deaths Report 2018***

Mr Downey referred members an update on the recommendations and a paper detailing assurance arrangements.

Mr Downey confirmed that the Trust had completed a baseline assessment against the paediatric recommendations 10-30 and this had been returned to the DoH. Progress is being made with regard to recommendations 1-8.

Mr Downey advised members that the Trust will develop an action plan to address any gaps identified or achieve improvements in the current position against the recommendations. A lead officer and timeframe for completing actions will be identified in respect of each action and this will be shared with the Hospital Management Teams who will have responsibility to operationalise agreed actions.

***Infection Prevention and Control Update***

Dr Hughes referred members to the Infection Prevention and Control Update report for information.

Dr Hughes reminded members that the Trust's reduction target for *C. difficile* associated disease in 2017/18 was 44; a reduction of 12 cases or 21.43% compared to last year. To date 64 cases have been reported and therefore the reduction target set has been exceeded. Members were advised that 36 of these cases were classified as healthcare-acquired or associated as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However Dr Hughes said this was not always an accurate predictor of being healthcare-associated. The remainder (28 cases) were classified as community-associated as the patients presented with symptoms within a 48 hour period after admission.

Dr Hughes advised that since the last report to Trust Board there had been 4 new cases of *C. difficile* – 2 community acquired and 2 hospital acquired. He advised that a root cause analyses was pending on all 4 cases.

Dr McIlroy referred to the reduction target and the increase of 12.5%. Dr Hughes explained that 6 patients had been readmitted with *C. difficile*. Dr McIlroy said that further work needs to be done to understand the main drivers for the increase in the number of patients with *C. difficile* and said there was the added challenge in the Trust has limited ability to influence the prescribing of GPs. He said he believed further work was necessary on the epidemiology of this disease.

Dr Hughes suggested that for the report next month he would provide more information on *C. difficile*. Dr McIlroy welcomed this and asked that members see comparative information with other Trusts. Dr McIlroy again welcomed Dr Mullan's appointment and the added value this appointment would make to this work.

Mrs Woods asked if there was a direct correlation between *C. difficile* audit performance and outbreak. Dr Hughes confirmed yes and said specific work was being undertaken in these wards.

Continuing on MRSA bacteraemia, Dr Hughes said the reduction target for 2017/18 was 5. Since the beginning of April, 4 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.

Members were advised that as of 27 March 2018, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:

Altnagelvin Hospital – 937 days

South West Acute Hospital (SWAH) – 773 days

Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 1162 days

During the reporting period Dr Hughes said 3 wards in Altnagelvin Hospital had experienced an increase in Glycopeptide-Resistant Enterococci (GRE) – a bacterium which resides in the human bowel. Dr Hughes said it was an increasingly common cause of healthcare-associated infection particularly in surgical wards. He advised that all samples had been sent for typing to a reference laboratory in England and

incident meetings had taken place and infection prevention and control (IP&C) practice audits were being undertaken.

Continuing Dr Hughes advised that 2 patients and a number of staff in Waterside Hospital had been diagnosed with scabies since the beginning of March. All IPC measures are in place and patients and staff have received treatment and both wards were reopened to admissions on 26 March 2018.

Concluding his report Dr Hughes referred to the Human Milk Bank, South West Acute Hospital. He reminded members that the Human Milk Bank receives, pasteurises and distributes donated expressed milk bank to neonatal and specialist baby units across Northern Ireland and the Republic of Ireland. He assured members that the Trust is working in liaison with the Food Standards Agency and the Environmental Health Agency to ensure proper procedures are in place to ensure this situation does not reoccur. Dr Hughes said the expectation is that pasteurisation and distribution of expressed breast milk will resume in the near future.

Following a query from Mr Campbell, members were advised that while the Human Milk Bank provides a service to both Northern Ireland and Republic of Ireland it is not a commissioned service. Mrs Mitchell advised that going forward when the service is re-established the Trust will be establishing a business model to support it. It was noted that there is the possibility of funding through CAWT to support this service and Mr Downey said that he would follow this up.

### **Environmental Cleanliness Update**

Dr Brown referred members to the above audit overview for February 2018. He said the report had been amended to provide more meaningful information.

Referring to bi-monthly reports Dr Brown advised that overall compliance had been 97%. He advised that 3% of areas had not completed an audit as per the standard of 2 audits per month.

In relation to quarterly audits members were advised that compliance for the second month of the quarter was 54%.

In respect of the 6 monthly audits, it was noted that no audit scored less than 75% with overall compliance for the fifth month being 65%.

In respect of managerial audits Dr Brown said 12% of audits still were to be completed during the fiscal year.

Dr Brown referred to the 12 Environmental Cleanliness Controls Assurance standards within which there are 126 elements related to Professional, Estates or Cleaning that during any environmental cleanliness audit must be reviewed. The use of a tablet by Support Services staff ensures that each standard is reviewed at every audit and attributed to the appropriate group eg walls and skirtings scuffed attributed to estates.

## **Environmental Cleanliness Annual Report 2016/17**

Dr Brown referred members to the above annual report for approval. He said that he anticipated bringing the 2017/18 annual report to June Trust Board.

Members were reminded that the Trust is committed to ensuring that the standard of environmental cleanliness throughout each of its health and social care sites and facilities is maintained at, and improved where appropriate to, the Control Assurance Standards Framework and the Department of Health Cleanliness Matters 2005 Strategic Framework.

Dr Brown advised that Environmental Department Audits are well established and are ongoing in facilities across the Trust. He said audit frequencies are determined by the risk category of an area with weekly audits required for very high-risk clinical areas.

Continuing Dr Brown advised that annual, unannounced environmental cleanliness managerial audits are scheduled to be carried out in all wards and departments. The managerial audit team consists of senior nursing or senior Allied Health Care Professionals, Infection Prevention and Control, Support Services and Estates Services staff and the Ward Sister/Charge Nurse/Department Head. Dr Brown said the "C4C" system for recording environmental audits is now embedded for use across the Trust and ensures all wards/departments can view their audits and complete actions required.

Dr Brown advised members that RQIA carried out 2 unannounced Infection Prevention and Hygiene inspections at ward level during 2016/17. He said that he was pleased to report that while highlighting some areas for improvement, the RQIA report indicated that standards relating to infection prevention and hygiene were of an extremely high standard and all staff were to be commended for this.

Concluding his report Dr Brown referred members to the Controls Assurance Environmental Cleanliness Scores for 2016/17. He said that there was an overall score of 90%. He said that these 12 areas will be reduced to 7 in 2017/18.

Members complimented the Audit Annual Report and welcomed the narrative from patients and clients. It was felt the Annual Report provided a further level of assurance.

## **Corporate Risk Register and Board Assurance Framework**

Dr Hughes referred members to the above within papers. He said there remained 22 risks on the Corporate Risk Register as approved at Governance Committee on 21 March.

There were no changes for consideration.

4/18/9

**FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 28 FEBRUARY 2018**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 28 February 2018 contained in the papers.

Mrs Mitchell advised that the Trust had received an allocation from the DoH/HSCB amounting to £2.274m which would allow the Trust to plan to report a breakeven position in its annual accounts for 2017/18.

Mrs Mitchell advised that the Trust is reporting a deficit of £1.18m (0.2%) as at 28 February 2018.

Mrs Mitchell advised that the financial position to date had been achieved by the allocation of over £39m of non-recurring funding and that this was contributing to an opening funding deficit of £54m entering 2018/19.

Mrs Mitchell continued by referring members to Table 3 and advised that the Acute, Primary Care and Older People's and Women and Children's Directorates had reduced their overspends from the previous month. 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 4 and the graph on page 6.

Mrs Mitchell referred members to page 7 and noted that the Trust had received funding for Elective Care amounting to £3.4m and had spent £2.175m as at the end of February.

Mrs Mitchell referred members to Section 6 and reported that the savings targets were being comfortably delivered.

Mrs Mitchell noted that the Capital Resource Limit has increased to £40.3m.

Dr McIlroy stated that he was pleased to note the reduction in the level of overspend in the services directorates. He referred to the medical locum costs and noted that expenditure seemed to be maintained within the expenditure level of £17m for the previous year. He emphasised that there was a need to sustain this position with the involvement of QiCR and a focus on recurrent savings.

Dr O'Mullan stated that it was a team effort to deliver on the financial position. She queried whether there are ratios regarding locum/temporary against permanent staffing as this would give an indication of sustainability of services. Dr Hughes said that this was a valid point as some services were overly reliant on locums. Dr Hughes agreed to supply some information directly to Dr O'Mullan on the issue. Dr O'Mullan emphasised that staffing complement and sustainability is a factor to be considered by the Board.

Mr Campbell stated that he was pleased that the Department of Health had made available funding to allow the Trust to breakeven and congratulated staff on this position. Mrs Mitchell emphasised that the breakeven position would not be confirmed until the annual accounts process and associated audit were complete, however, she said that it was planned that the Trust would breakeven.

4/18/10

### **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred members to the performance management report for the period to end February 2018. She said her presentation today would focus on the HSC performance framework closing to year end and a look forward to 2018/19.

Mrs Molloy began with performance against unscheduled care targets. She said cumulative performance across the Trust's 2 EDs in February against the 4 hour standard had slightly increased to 68% with a cumulative performance for year to date remaining at 77%. She said the number of 12 hour breaches in February had significantly reduced to 190, with a cumulative number of breaches for the year to date being 956. She noted that the Trust had achieved the 2 hour target to commence treatment following triage with performance being 88%.

In relation to the ED 4 hour performance improvement trajectory, Mrs Molloy advised that in spite of the increased attendances from 2016/17, performance was ahead of the trajectory. She said the Health and Social Care Board acknowledged the work of the Trust in maintaining this level of performance with performance being 77% against a predicted position of 76%.

Continuing with performance on cancer services, Mrs Molloy advised that the Trust's performance against the 14 day breast standard was again 100% compliance with 250 patients being seen during February. She said no patients were seen from the Southern Health and Social Care Trust in February 2018.

In relation to the 31 day standard the Trust's performance was again 100% with 81 patients commencing their treatment in February 2018.

In respect of performance against the 62 day access standard, Mrs Molloy advised that during February 44.5 patients commenced treatment. She said the Trust had achieved compliance of 85% with 6.5 breaches against the 95% target. These breaches related to 9 patients with the longest waits relating to urology, lower GI cancers and in main inter-Trust transfers.

Mrs Molloy referred to challenges in lower GI access to GI diagnostics. She said cancer staff were working closely with colleagues in SWAH and with the Endoscopy Service Manager in relation to addressing this issue. Members were advised that work included a service improvement plan with regard to utilising all available slots, straight to test, maximising skill mix and staff are currently developing a business case for additional capacity.

Mrs Molloy advised that the Trust was required to support other Trusts cancer performance which may result in deterioration of current performance for the Western Trust for the year. She added that the Trust's performance in assisting other Trusts will be dependent on waiting list initiative funding for additional breast clinics.

Mrs Molloy continued with elective access. She said against the standard that at least 50% of patients wait no longer than 9 weeks for their first outpatient appointment and no patient waits longer than 52 weeks, the Trust's performance at February was 29%. She said there were 23,815 patients waiting longer than 9 weeks and 10,523 patients waiting longer than 52 weeks.

In relation to the standard that at least 55% of inpatients and day cases are treated within 13 weeks, and no patient waits longer than 52 weeks for treatment, the Trust's performance was 35%. Members noted that 10,817 patients were waiting longer than 13 weeks and 4,539 patients were waiting longer than 52 weeks.

Mrs Molloy advised members that during 2017/18 the Health and Social Care Board had made available additional allocations for waiting list initiative activity to be undertaken in house and in the independent sector. She said these allocations were helping the Trust to address areas of greatest risk in relation to inpatient/day cases, new and review appointments, endoscopy, echocardiograms and breast.

Mrs Molloy referred to the Trust's performance against delivery of core elective services. She reminded members that the Trust was now monitored against the improvement trajectory agreed with the HSCB, which was broadly on track, and not the Ministerial target. She said in respect of new outpatient appointments the Trust's actual performance for the period 1 April 2017 – 31 January 2018 had been in line with the agreed trajectory. In respect of delivery of care in respect of inpatient/day case the Trust's actual performance for the period was -11% against a forecast performance of -7%. Mrs Molloy shared the issues with this performance which included workforce challenges, bed closures due to nursing shortages, bed pressures due to patient flow and closure of theatres for maintenance and repairs. Mrs Molloy assured members that priority continued to be given to red flags and clinically urgent cases.

Mrs O'Kane sought clarity in respect of the closure of theatres. Mrs Molloy advised that theatre capacity had been reduced due to necessary maintenance and repair from 23 December to 5 February being undertaken. She said that DESU (Omagh) theatres had been used and theatre staff were redeployed however capacity was still reduced. She added that endeavours to move theatre lists to other areas had proved challenging.

Mrs Molloy advised members that there had been a marginal under-achievement in waiting list initiative spend both in-house and in the independent sector in elective specialities, but there had been a much more significant underspend in community WLI where it had been very challenging to secure staffing.

In relation to performance improvement trajectories in respect of mental health waiting times, members were advised that there were 4 trajectories which the Trust was being measured on.

First, in respect of adult mental health the performance standard was being breached by 277 patients awaiting an appointment and this was likely to increase by year end.

Mrs Molloy advised members of the factors for this position which included workforce issues. She said a weekly validation of waiting lists continued along with a review of urgent/emergency referrals. In addition members were advised that Adult Mental Health Service Improvement work is ongoing and is being led by the Directorate's dedicated Service Improvement Manager and this included a workshop which focused on current practices/protocols and interactions between all teams.

Secondly, Mrs Molloy referred to the performance improvement trajectory for psychological therapies. She said at February there were 587 patients waiting an appointment against a projected position of 497. It was noted that while this was an improved position from January the end of year position was likely to be 582 meaning the Trust will not meet the improvement trajectory target.

Mrs Molloy said psychology staff recruitment challenges continued to impact on performance across all service areas and the demand for psychological services is increasing. She added that an analysis is ongoing as part of the development of the 2018/19 improvement trajectory.

Thirdly, in relation to the CAMHs improvement trajectory Mrs Molloy said there had been significant improvement from January 2018 with additional waiting list initiatives taking place. She said the current position was 48 patients awaiting an appointment however this was predicted to reduce to 10 at year end.

Mrs Molloy said the service continued to be challenged by reduced capacity due to ongoing staff vacancies and long term sick leave and increasing demand.

Concluding the mental health trajectory, Mrs Molloy referred to the performance improvement trajectory for access to Dementia services. She said the actual position as at February was 88 patients awaiting appointment against a projected position of 311. Mrs Molloy said performance had declined in February due to sick leave however the predicted year end position was likely to be 84.

Mrs Molloy said a memory nurse was appointed and in place from mid-February and additional nursing hours were in place to address the backlog. Mrs Molloy said the service was anticipating performance would be in line with the 9 week standard by November 2018.

Mrs Molloy continued with other escalated issues. She began with performance in Children's Services specifically Community Paediatrics. She said that against the target that 50% of patients wait no longer than 9 weeks for their first outpatient appointment and no patient waits longer than 52 weeks, performance achieved was

24%. She said there were 606 patients waiting longer than the 9 week standard and 82 patients waiting longer than the 52 week standard, which was a significant and growing problem which had been escalated to the Chief Executive. Mrs Molloy said the service was challenged due to recruitment difficulties, however there had been some positive developments, and the Assistant Director for the Service was meeting GPs with a special interest in paediatrics to discuss solutions to managing the growing waiting list.

Mrs Molloy advised that a significant number of those waiting to be seen are assessment for ADHD services. She said that in the period from August – February 2018, 144 ADHD referrals had been received. She said a transformation funding bid has been made to support the development of a dedicated ADHD team, but the pressure on CAHMS services had meant that the resources earmarked for ADHD had not been deployed to address the patients waiting.

Members were advised that the number of Looked After Children has increased throughout 2017/18 from 584 in April 2017 to 631 in February 2018.

Mrs Molloy referred to performance across the range of AHP services. Members were advised that the overall breach position had increased from 4,652 in January 2018 to 4,785 in February 2018. She said there had been an improved performance in dietetics, orthoptics, OT and podiatry through waiting list initiative and addressing workforce issues.

Mrs Molloy advised that physiotherapy and Speech and Language Therapy services continued to be challenged by workforce capacity issues however the development of a peripatetic team to improve stability in staffing levels was progressing. She added that OT paediatrics had been unable to secure additional capacity from other Trusts or via agency to date.

Mrs Molloy concluded her presentation by referring to hospital discharges. She said there had been an improvement in February in complex and non-complex discharges however delays continued to be attributed to complexity of care planning, issues with the changeover to new domiciliary care providers, availability of care packages, funding issues, and availability of suitable step down beds.

In looking forward to 2018/19 Mrs Molloy advised members that £30m of investment will be made to the service. Mr Campbell asked what share would come to the West. Mrs Molloy said the Trust was developing a plan and this would be submitted to the DoH in due course.

Mr Campbell asked which was more economical in-house or independent sector. Mrs Molloy advised in-house. The Chairman asked if the Trust could choose to spend in the IS if there was limited capacity in-house. Mrs Molloy advised that the Trust develops a plan for spend which stipulates where the funding will be spent and then this plan is considered and approved by the HSCB. Any change to the plan requires approval by the HSCB. The Chairman said it is important that the Trust makes every effort to spend all WLI funding it receives. Mrs Molloy advised that any underachievement of spend to date has been mostly in the community. However,

theatre capacity and availability of theatre staff and consultants can impact on spend particularly during the summer months when staff take leave.

Mrs Doherty referred to cancelled appointments and said she would like to see this further reduced. Dr McIlroy supported this view.

The Chairman referred to unplanned leave and said that work in this area has been focussed and a reduction realised.

Mrs Molloy added that heading into 2018/19 improvement trajectories will continue with further specialities to be agreed. She said that there will be a clear focus on “core” delivery.

Mrs Molloy said elective day case reform will proceed with pathfinder specialties and it is likely there will be further IH WLI funding.

In summarising her report Mrs Molloy confirmed that the Trust had performed well again the improvement trajectories for cancer, unscheduled and elective care. In relation to mental health trajectories there was an improved position in respect of CAMHS and Dementia; with Adult Mental Health and Psychological Therapies not recovering to plan by year end. A planned service improvement going forward into 2018/19 will be identified and WLI funding will continue into 2018/19.

The Chairman thanked Mrs Molloy for her informative presentation.

4/18/11

#### **FINANCE AND PERFORMANCE COMMITTEE NOTES – 27 FEBRUARY 2018**

Dr McIlroy referred members to the notes of a meeting of the Finance and Performance Committee held on 27 February. He alluded to the very useful presentation by Mr Gillespie, Assistant Director Acute Services, on non-complex discharges. He commended CMT for focussing on this area of work.

Dr McIlroy said he looked forward to receiving further information from the Trust’s critical friend from the Salford NHS Foundation Trust.

4/18/12

#### **BOARD GOVERNANCE SELF-ASSESSMENT 2017/18**

The Chairman referred to the Board Governance annual self-assessment 2017/18 within papers for discussion and approval. He highlighted the main changes from the previous self-assessment and said that he would take forward the issue with regard to the Board Governance Development programme.

The Chairman referred to a case study and following discussion members approved the narrative. Dr Kilgallen said that early indications were that savings proposals in 2017/18 will not require consultation as the DoH has requested low or no impact

proposals. Dr Kilgallen assured members that further clarity on this would be received when the regional financial plan is shared.

Following discussion members approved the self-assessment for 2017/18.

4/18/13

#### **PPI ANNUAL REPORT 1 APRIL 2016 – 31 MARCH 2017**

Mrs Molloy referred members to the PPI Annual report. She said the annual report is the Trust's opportunity to provide information on the different ways service users/ carers and the public have been involved in the planning, development and delivery of health and social care services in the Trust for the period 1 April 2016 – 31 March 2017.

Mrs Molloy said the report demonstrated how the Trust is supporting PPI and provides some highlights of ongoing PPI work across the Trust's Directorates. Mrs Molloy commended the annual report to members for approval.

Following consideration members unanimously approved the annual report. Mrs Cumming and Mr McCullough were acknowledged for their joint chairing of the Trust's PPI Forum and for the energy and enthusiasm they bring.

Mrs Molloy said the annual report for 2017/18 and associated action plan will be brought to the June Board meeting for approval.

4/18/14

#### **MINUTES OF ENDOWMENT AND GIFTS COMMITTEE MEETING HELD ON 27 FEBRUARY 2018**

Dr McIlroy referred members to the minutes of a meeting of the Endowment and Gifts Committee held on 27 February. He said work was continuing with regard to spend and said Mrs Mitchell would be reviewing funds with small balances that have had no spend for a period of time so that spend can be encouraged in 2018/19. Dr McIlroy said this work would be reported at the next Committee meeting in September.

Mr Campbell asked about spend from dormant funds. Mrs Mitchell advised that this was a protracted legal matter. She said advice from the Charities Commission had been sought and that the DoH was taking the lead on behalf of all Trusts.

4/18/15

#### **SCHEME OF DELEGATION AND SCHEDULE OF DELEGATED AUTHORITY 2018/19**

Members were advised that this item has been deferred.

4/18/16

## **OUTCOME OF TARGETED ENGAGEMENT ON CAR PARKING CHARGING**

Mrs Molloy reminded members that paid for parking has been in place on the Altnagelvin Hospital, Omagh Hospital and Primary Care Complex and South West Acute Hospital sites. On all 3 sites the Trust remains within the recommended standard of up to 30% of parking capacity paid. The regional car parking policy was updated in 2012 and the Trust has remained aligned to the provisions of the regional policy in relation to car parking provision, charging and management.

Mrs Molloy advised that the Trust implemented a price increase on all paid parking spaces of 10p per hour on a flat rate structure from 1 April 2017. This was the first price increase that had been implemented since 2012 and represented the inflationary uplift for that 5 year period. The rate increased from 70p to 80p per hour at that point.

She added that in September 2017 the Trust included a proposal to increase the charge rate to £1.00 per hour on the flat structure as part of the inyear savings plan. This proposal was consulted upon as part of the Trust's Savings Plan Consultation process and was implemented on 1 November 2017 as a temporary measure until 31 March 2018.

On 9 November 2017 CMT considered a proposal to implement as a permanent measure the increased charge rate of £1.00 per hour on the flat rate structure on the Altnagelvin, SWAH and OH&PCC sites. This consideration was supported by the financial analysis demonstrating that the £1.00 per hour rate continued to represent a balance between local rates and cost recovery rates on all 3 sites.

Mrs Molloy assured members that this proposal had been screened for equality and human rights implications and CMT endorsed the recommendation to proceed to targeted engagement. Given the Christmas leave period the 12 week engagement period recommended engagement be extended and a 14 week targeted engagement commenced on 11 December 2017 and closed on 16 March 2018.

Members were advised that the engagement pack was shared with 280 groups, individuals, Councils and MLAs. A total of 9 responses were received.

Mrs Molloy advised that feedback generally was opposed to maintaining the £1.00 rate and in some cases respondents opposed paid for parking being in place. In mitigation, Mrs Molloy advised that the Trust has identified concessions which are in place to will help those who are on low income or benefits and those attending the site very frequently and/or for lengthy periods of time.

Mrs Molloy referred members to the attached report detailing the proposal in full, the pack that was shared in the engagement process, the feedback and the financial analysis. She added that CMT considered the attached report and associated engagement feedback and approved this report for submission to Trust Board for consideration and approval.

Mrs Molloy asked Trust Board to approve the proposal to implement the £1.00 charge per hour on the flat rate structure permanently on all paid for parking spaces on the Altnagelvin, SWAH and OH&PCC sites.

Following discussion members unanimously approved the approved to implement the £1.00 charge per hour on the flat rate structure as outlined above. Mrs Molloy said she would ensure that concessionary parking arrangements are publicised by the Trust.

4/18/17

### **TENDER AWARDS**

There were no tender awards for consideration.

4/18/18

### **TRUST FUNDS**

#### **Macmillan Welfare Benefits Service Extension**

Mrs Beattie shared with members for approval a request to roll forward into 2018/19 the contract between Galliagh Community Development Group and the Trust for the provision of a specialist welfare rights service. She said this would be the 7<sup>th</sup> year of the service which is 50% funded Macmillan.

Following consideration members approved the request.

4/18/19

### **ISSUES FROM THE PATIENT AND CLIENT COUNCIL**

As Mr Dixon was not present there were no issues raised by the Patient and Client Council.

4/18/20

### **ANY OTHER BUSINESS**

#### **Tea and Coffee Facilities at Breast Screening**

Mrs Doherty raised a query with regard to the availability of tea and coffee facilities at the Breast Screening Clinic. Mrs Beattie said she would look into this and advise Mrs Doherty outside the meeting.

### **Football Tournament**

Mr Downey invited members to come along and support a football match on 20 April 2018 at 2 pm between the Western and Northern Trusts. He advised that the teams were made up of young people (LAC) and Trust staff.

He advised that the first match was hosted by the Northern Trust and this second match was being hosted by the Trust. He said the Trust had secured the Brandywell for the match and the Mayor of Derry City and Strabane Council had agreed to host a reception in the Guildhall in the evening.

4/18/21

### **DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 3 May 2018 at 10.30 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

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**Mr N Birthistle  
Acting Chairman  
5 April 2018**