

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 3 May 2018 at 10 am in the South West Acute Hospital, Enniskillen

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
Ms K O'Brien, Interim Director of Adult Mental Health and Disability Services
Mrs G McKay, Director of Acute Services
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
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE Mr V Ryan, Assistant Director Primary Care and Older People's Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

5/18/1

CONFIDENTIAL ITEMS

5/18/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the May Board meeting in Enniskillen.

He referred to a report of his business since the previous meeting.

- Commencing the Chairman welcomed Ms Karen O'Brien, Acting Director of Adult Mental Health and Disability to her first Trust Board as Director. He said Ms

O'Brien had taken up post on 26 April 2018 and he wished her well in her new appointment.

The Chairman also welcomed Mr Garrett Martin. In partnership with RCN, the Trust has agreed to provide a secondment opportunity for Mr Martin, for a period of 1 year from 1 May 2018.

The Chairman said Mr Martin joined the Trust, whilst retaining his employment with RCN, as an Associate for Transformational Practice. Mr Martin led on and be involved in a number of challenging and exciting programmes of work. He added that we look forward to working with Garrett and appreciate this mutually beneficial partnership with RCN that will facilitate the sharing of knowledge, skills and experience.

- On 17 and 18 April the Chairman and Mrs O'Kane attend the Northern Ireland Confederation Conference in Belfast. NICON18 brought together the health and social care system to consider the developing approach to transformational change and how the Service can support ongoing progress in the context of the outcomes-based Programme for Government, and Health and Wellbeing 2026 – Delivering Together.

The Chairman said the focus was aimed at involving delegates in discussions about sustainability, reconfiguration, new structures, progress in primary care, workforce, eHealth and collective leadership, as well as sharing a range of practical examples of change. We were also joined in these discussions by members of the Transformation Implementation Group (TIG).

On the evening of the first day of the conference Non-Executive Directors were invited to attend a session led by the Rt. Hon. Stephen Dorrell on Top Tips for NEDs in Healthcare Transformation. The Chairman said that Mrs Woods and Dr O'Mullan were able to attend this session. The felt that Non-Executive Directors had a lack of voice to the transformation agenda and expressed concern with the level of accountability on them given the responsibility on their role.

The Chairman said there was a feel that there should be more training for Non-Executive Directors and said he would discuss this with Dr Kilgallen on how best to take this forward.

Dr O'Mullan referred to a Regional Forum for Non-Executive Directors which NICON is going to take forward.

5/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to a number of issues she has been involved in during the past month.

Volunteer Week - Dr Kilgallen advised members that she had volunteered in Ward 2 where a third or more of patients have dementia. She said she spent time with those patients in particular. Dr Kilgallen advised that this evening, 3 May, she and the Chairman would be attending an event to recognise the invaluable contribution volunteers make in the South West Acute Hospital. A similar event will be held in Altnagelvin Hospital.

Discovery Groups – Dr Kilgallen reminded members that at the senior leaders' conference in December, the organisation agreed to aligning itself to 4 themes:-

- Best start in Life
- Live well, live longer
- Great place to grow older
- A Great place to work

Dr Kilgallen advised members that a workshop was held on 19 April attended by staff who had self-selected to work on one of these themes because of their interest in exploring how we give life to the themes in our daily work across the organisation. 30 staff from diverse backgrounds are involved.

Dr Kilgallen said the Discovery Groups will examine what we currently do well with a focus on prevention and early intervention under each theme and also looking at what helps staff to enjoy their work.

To start with, the groups are basing their work in the geographical area of Strabane.

Dr Kilgallen advised that on the morning of 19 April, the workshop enjoyed a presentation from Mr Pedro Delgado, IHI, who shared information on population health, triple aim and quality improvement.

In the afternoon Ms Meehan, Transformation Manager, convened the groups to discuss how the groups will take the work forward.

Transformation – Dr Kilgallen advised members that the Signs of Safety training will be implemented as a transformation project for Northern Ireland.

5/18/4

APOLOGIES

Apologies were received from Mrs S Cummings, Non-Executive Director and Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People.

It was noted that Mr Dixon, Patient and Client Council, is unable to attend today's meeting.

5/18/5

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

5/18/6

MINUTES OF PREVIOUS MEETING

Subject to a minor change in the confidential minute, the minutes having been previously distributed were approved as a true and accurate record of discussion.

5/18/7

MATTERS ARISING

There were no matters arising.

5/18/8

QUALITY AND SAFETY

The Inquiry into Hyponatraemia-related Deaths Report 2018

Mr Downey reminded members that a baseline assessment on the paediatric recommendations had been submitted to the DoH on 23 February. He said this was being considered by the DoH.

Mr Downey referred to the Trust assurance framework and project board. He provided an update on the 96 recommendations and advised that steady progress was being made on the implementation of the recommendations. Members were reminded that some recommendations require a regional approach.

Mr Downey advised that the Trust's internal group meets fortnightly and considered correspondence from the DoH. He said SAI process and candour have been added to the action plan.

Reference was made to correspondence from the Permanent Secretary inviting Trust representation to 3 other meetings.

Dr McIlroy referred to the template and said this was easy to follow progress made and charted clearly those recommendations that require more time.

The Chairman thanked Mr Downey for his progress report.

Dr McIlroy highlighted engagement with other key stakeholders and family.

Mrs Woods said she would like to see how fast recommendations can be implemented and how can we can embed actions. She referred to leadership being 100% compliant and asked for assurance that this is the case in such a large organisation.

Mr Downey assured Mrs Woods that this recommendation has been in the process of implementation for many years, before the publication of the Inquiry Report. Mr Downey said the Trust has changed and adopted practice over many years and embedding change is important for staff. He added that this would be kept under review in the fortnightly meetings. He added that project leads will also maintain focus on this area. Concluding Mr Downey said there are plans for audit/evaluation of recommendations going forward.

Dr McIlroy agreed that audits are extremely important to given assurance to all stakeholders.

Mr Campbell endorsed all points made. He said he welcomed the report and said it was good in that it allowed Non-Executive Directors to chart progress. He welcomed that the Trust accepted all recommendations. He recognised the Trust has 6 recommendations that are awaiting advice from the DoH. He said that he looked forward to seeing progress at each Board meeting.

Infection Prevention and Control Update

Dr Hughes referred members to his Infection Prevention and Control update report within papers. He said his report today would focus on *C. difficile*.

Dr Hughes reminded members that the Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease in 2017/18 was 44; a reduction of 12 cases or 21.43% compared to the previous year. He said a total of 65 cases were reported, so this challenging target had not been met. Dr Hughes said this comprised of an increase in healthcare-associated infection cases of 12.5% against an increase in community acquired infection cases of 20.83%.

Dr Hughes referred members to a breakdown of the cases by hospital site and acquisition type. He said since the last report to Trust Board, which contained figures as at 27 March 2018, there had been 3 new cases of *C. difficile*. It was noted that one case was community-associated and the other 2 were hospital-associated with one of these previously being a positive HAI case.

Members were advised that a root cause analyses was pending for both healthcare-associated cases.

Dr Hughes advised that the new reduction target for 2018/19 has not yet been issued. He said since the beginning of April 2018 2 new cases had been reported. One is categorised as healthcare-associated and one as community-associated.

Dr Hughes referred members to root cause analysis outcomes for *C. difficile* cases during the period January – December 2017. He shared problems highlighted as a

result of the RCA investigations and said there were 6 non-prudent antimicrobial prescriptions within the hospital setting and 3 non-prudent antimicrobial prescriptions within primary care. Dr Hughes outlined why the cases were preventable and issues affecting them.

Dr Hughes said there were a range of issues across both primary and secondary care. He said he proposed to invite GPs into the RCA process so that they can learn and reflect on antibiotic prescribing.

Dr Hughes referred to actions to mitigate against future *C. difficile* cases which include the continued implementation and audit of the high impact intervention case bundle for *C. difficile* by ward teams; revised *C. difficile* care bundle to make it more user friendly, concise and to provide better focus for nursing staff; and weekly infection prevention and control nurse review, including audit of compliance with the HII bundle.

Concluding his report Dr Hughes said the *C. difficile* care pathway had been revised and is now a more concise, user friendly document. He said it had been piloted on a number of wards and the feedback had been very positive. He added that it has also been reviewed by the Trust Nursing Record Keeping Policy and it was tabled for final approval at the CX HCAI Accountability Forum in May 2018.

Dr Hughes referred members to a dashboard that summarised performance of wards/departments audited by the IPC Team since April 2017. He said in summary consistent compliance with the *C. difficile* care bundle remained a challenge. The findings indicated issues around antibiotic prescribing, environmental decontamination and isolation/cohort nursing.

Mrs Woods asked how long would take to change prescribing behaviour. Dr Hughes said that prescribing behaviour will not change until the public's behaviour changes.

Dr Kilgallen said since 2008/9 there had been very significant progress in respect of *C. difficile*. Dr Hughes referred to progress made in respect of MRSA and said that he would like to see the same improvements made in relation to *C. difficile*.

Dr McIlroy referred to the statistical information and said that it was noteworthy that only 10 out of 72 cases were preventable. He asked what the target would likely be in 2018/19. Dr Hughes said that he would like to see a move from targets to outcomes. He said outcomes would come from M&M groups across the Trust and these are multi-professional groups which will discuss the outcomes.

Dr McIlroy referred to the increase in community-associated cases and said it will be a stepped changed in the community.

Mrs Doherty welcomed GPs becoming part of the RCA process and said that the next step would be to educate the public in the perils of taking PPIs.

Dr McIlroy concluded that he acknowledged that the PHS had moved from specific numbers to an improvement trajectory and he welcomed this.

Quality Improvement Monitoring – VTE

Dr Hughes referred members to the quarterly Trust Board report on VTE.

Dr Hughes reminded members that VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. He added that NICE guidance has been endorsed by DHSSPS and implemented in Northern Ireland. Assessing the risks of VTE and bleeding is a key priority for implementation of the guidelines.

Dr Hughes advised that regionally developed patient information leaflets and VTE promotion posters have been supplied to wards.

Members were advised that compliance with completion of the VTE Risk Assessment within 24 hours of admission is a Commissioning Priority and Trust compliance is reported quarterly to the PHA. The target is to sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance throughout 2017/18.

Dr Hughes reported that compliance reported for 2017/18 was:-

Quarter 1 – 94%

Quarter 2 – 94%

Quarter 3 – 91%

Following the RQIA Review of Theatre Practice in Health and Social Care Trusts in Northern Ireland it was recommended that VTE Risk Assessments should be completed for all patients including day cases. This has been implemented in the Day Procedure Unit, SWAH and plans are in progress to implement this in the Day Case Unit, Altnagelvin.

Dr Hughes advised that the Trust VTE Group meetings are held quarterly and compliance with monthly VTE audits is a standing agenda item for this group. Compliance with completion of monthly VTE audits remains a challenge on some wards and this is continually followed up with relevant medical staff by members of the VTE Group. The VTE dashboard is also uploaded monthly to the Trust Morbidity and Mortality SharePoint site.

Dr Hughes referred members to the monthly compliance by ward in the graphical information attached to his report.

Dr O'Mullan thanked Dr Hughes for his informative statistical information. She referred to risk assessment being best practice and suggested that this should become standard practice. She referred to the risk assessment implementation in

day case in the South West Acute Hospital and said while performance was overall good, some ward's performance was inconsistent. She referred in particular to performance in ICU in SWAH which showed an incomplete bar chart.

Dr Hughes referred to ICU performance and said that if it is not documented in the patient's notes that the VTE risk assessment has been undertaken then it is assumed that it has not been done.

Dr Hughes referred to performance in day case and said that the tool was initially for inpatients but was changed to include day case.

Dr Hughes referred to the performance of Ward 2 and Ward 3 in SWAH and said that actions to ensure the process is implemented will be put in place. He said that he would share performance with the wards for their comments.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Trust's Corporate Risk Register and Board Assurance Framework. He said there were 22 risks on the Corporate Risk Register as approved at Governance Committee on 21 March 2018.

Dr Hughes advised members that there was one material change for approval in respect of Risk ID51 - the inability of the Trust to achieve break-even. It was noted that the current grading change from Major x Possible (4x3) HIGH To Major x Unlikely (4x2) HIGH.

This proposed changed was unanimously approved by members.

Dr Hughes proposed that risks ID63 and ID66 should be re-allocated to Ms O'Brien as responsible Director.

This proposed changed was unanimously approved by members.

Dr Hughes advised that in the Trust's Corporate Plan the Corporate Objectives have been replaced with Corporate Outcomes and that there had been further refinement of these outcomes and they have been developed in to key 4 themes. He added that the CMT will consider whether the corporate risk register should be reflective of the themes and the risk aligned to them.

Concluding Dr Hughes referred to the remaining actions following the Trust Board workshop on 5 October 2017.

Dr O'Mullan thanked Dr Hughes for the helpful summary of actions from the Trust Board workshop. She referred to risk ID694 and sought an update. Dr Hughes advised that following the GMC visit in March additional middle grade doctors had been put into post to support junior doctors. Dr Hughes said the GMC would consider this additional support.

Dr O'Mullan referred to risk ID284 and that this risk would be considered for implementation following the implementation of GBDR in May. Mrs Molloy advised that these issues would be discussed at a meeting of the Information Governance Steering Group in June and a report would be provided following this.

5/18/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MARCH 2018

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 May 2018 contained in the papers.

Mrs Mitchell advised that the Trust is reporting a breakeven position adjusted for a surplus in the VES allocation of £62,000. She advised that the DoH had required the Trust to report any funding not spent in-year from the VES allocation as a surplus in the year end accounts. She further advised that the year end position would be formally reported and confirmed as part of the annual accounts process.

Mrs Mitchell highlighted that the Trust had incurred additional expenditure amounting to £1m above the original cost estimates and stated that this was concerning entering 2018/19.

Mrs Mitchell stated that the Trust had underachieved in the external saving plan by £460k and the internal QiCR plan by £340k and both had been covered by other opportunities in-year.

Mrs Mitchell advised that the financial position to date had been achieved by the allocation of over £39.8m 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 and Primary Care and Older People's Directorates had increased their overspend from the previous month and Women and Children's Directorate had reduced their overspend 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 and noted that the year-end spend on medical locums had amounted to £17.1m which was similar to the previous year.

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 £2.655m as at the year end. She stated that the underspend in Elective Care had contributed significantly to the shortfall in the savings plan.

Mrs Mitchell noted that the Capital Resource Limit had increased to £40.7m.

Mr Campbell stated that he was pleased that the Trust was reporting a breakeven position however he was concerned about the level of the deficit entering 2018/19.

Dr McIlroy referred to the medical locum costs and commented that he was pleased to see that the level of expenditure had not exceeded 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 McIlroy stated that the Trust has been seeking ways of controlling locum costs such as the international recruitment campaign, however the introduction of a regional cap on medical locum rates would curtail the ongoing increase in medical locum expenditure. He stated that the Trust had raised this issue with the Department of Health as part of the savings consultation process last year. Mr Campbell stated that would be appropriate to introduce a medical locum cap.

518/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for month ending March 2018 within papers. She said her presentation would address where the Trust ended the year against the performance trajectories agreed with the Health and Social Care Board in 2017/18. She would also compare the year end performance with performance in 2016/17, and draw out any material issues for the Trust.

Mrs Molloy began with performance against unscheduled care targets. She advised that average performance across the Trust's 2 Emergency Departments in 2017/8 against the 4 hour standard had improved marginally, to 76% however the position against the 12 hour standard had deteriorated significantly compare to the previous year, with 1,245 patients waiting over 12 hours. In 2016/17 performance against the 4 hour standard had been 75% and 499 patients waiting over 12 hours. Members were advised that 12 hour performance across the regional had deteriorated significantly, and information for all Trusts was provided. Mrs Molloy confirmed that those patients waiting longer than 12 hours were, in the main, patients waiting to be admitted to inpatient bed, with a range of reasons causing these patients to remain in ED while that was secured and the admissions process completed.

Members were briefed on the increases in attendances at both ED in 2017/18, as compared to the previous year, with total attendances of 116,098 at its Emergency Departments. This was an increase of 3,414 (3%) on 2016/17.

In relation to the performance improvement trajectory for the 4 hour performance standard in ED, Mrs Molloy advised that this had been submitted to the Health and Social Care Board with a prediction of a 1% improvement from the 2016/17 position of 75%. She confirmed that this had been achieved, even though the 4 hour performance had not improved toward the end of the year as planned, ending the year with 68% within 4 hours in March 2018.

Discussion took place regarding the performance in the latter months of the year, and it was noted that the main contributing factor had been the continuing impact of “winter” pressures. Mr Campbell asked if performance was continuing to be downward. Mrs Molloy assured members that performance was improving but not as quickly as anticipated. Mrs Molloy said that she would provide a fuller briefing at the next Board meeting on the matter.

Mrs Molloy referred to performance in unscheduled care across all Trusts in respect of the 4 hour and 12 hour standard. Mrs McKay advised that since November the Trust had experienced reduced bed capacity, up to 30 in any one day, due to staffing pressures. Mrs McKay said in March the Trust experienced the highest level of delayed discharges since 2016. She said the South West Acute Hospital continued to have a high number of 12 hour breaches where Altnagelvin was reducing the number of 12 hour breaches. Mrs McKay highlighted the factors put in place to free up beds for example early morning discharge. She highlighted the work underway to examine the patients waiting for long periods in ED for admission and said that the majority of the patients waiting were in the main over 65 with the majority being over 75.

Discussion took place on the increased number of attendances to ED and it was noted that there is a difference in acuity of patients across the 2 sites. Dr O’Mullan referred to March performance of 68% and felt that the 12 hour breaches not being presented as a percentage distorted the information.

Mrs Molloy said the most significant issue the Trust needs to address in 2018/19 is discharge planning and capacity in the community. She assured members that this did receive scrutiny on a weekly basis by both the Director of Acute Services and Director of Primary Care and Older People.

Members were advised that the ambulatory care pathway is working successfully in Altnagelvin, and has supported the performance achieved over the winter period. It was noted that this is not available in the South West Acute Hospital currently, which may affect the level of admissions. Mrs Molloy said this would put pressure on the inpatient beds within the hospital.

Discussion took place on performance within ED and Mrs Doherty shared a personal story. Members were advised that there is a regional review taking place on ambulance turnaround times.

Mr Campbell sought clarity on bed closures. Dr Kilgallen said this changed on a day to day basis and can be due to staff challenges and infection prevention and control issues. Dr Kilgallen reminded members that delayed discharges and bed pressures impacted on the Trust’s ability to perform elective care.

Continuing with performance on cancer services, Mrs Molloy advised that the Trust’s performance against the 14 day breast standard for 2017/18 had been maintained at 100% compliance with 2,901 patients being seen during the year. She advised that 51 patients from the Southern Health and Social Care Trust had been seen with

compliance being 99% compliance when the Trust includes the Southern Trust patients who were seen during the year to support that Trust.

In relation to the 31 day standard the Trust's performance for 2017/18 had been 99.7% compliance against a 98% target. It was noted that there had been 4 breaches with 1,477 patients commencing treatment during the year.

In respect of performance against the 62 day access standard, Mrs Molloy advised that during 2017/18, 762 patients commenced their treatment giving a compliance of 89% against a 95% target. Members were advised that one recurring theme for breaches is that of access to GI diagnostics. Mrs Molloy said cancer services staff continued to work closely with colleagues in SWAH and with the Endoscopy Service Manager to address this issue. It was noted that this work includes a service improvement plan which includes utilising all available slots, straight to test and maximising skills mix. Mrs Molloy said staff were working hard to manage this capacity issue.

Mrs Molloy shared performance outturn in diagnostics. She said in relation to the standard that 75% of patients should wait no longer than 9 weeks for a diagnostic test the Trust's performance at end of March was 85%, a significant increase in the previous year's performance of 79%. In relation to the standard that all urgent diagnostic tests are reported on within 2 days of the test being undertaken, members were advised that the Trust's performance at March 2018 was 94%. It was noted that the regional position at March 2017 was 86%.

Mrs Molloy advised members that the majority of the patients waiting longer than 9 weeks for a diagnostic test were those patients waiting on echoes, physiological measurement or audiology. She said that delays were due to staff issues on all sites which were having an impact on capacity.

Members were advised that during 2017/18 the number of patients waiting longer than 9 weeks for an echo had decreased from 1,196 at the end of March 2017 to 141 at the end of March 2018. This was due to additional WLI activity. In relation to audiology the Trust received an allocation of £60k for additional diagnostic and hearing aid appointments in quarters 3 and 4 to reduce the number of patients that breach. At end of March 2018, 675 appointments had been undertaken.

Mrs Molloy emphasised the consistently high performance in cancer and diagnostics services to the Trust Board and all agreed that staff were to be commended on the outturn performance for the year.

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 March was 30%. She said there were 24,128 patients waiting longer than 9 weeks and 11,039 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 remained at 35%. Members noted that 10,811 patients were waiting longer than 13 weeks and 4,553 patients were waiting longer than 52 weeks.

Mrs Molloy advised members that during 2017/18 the Health and Social Care Board had made available considerable additional financial allocations for additional waiting list initiative activity to be undertaken in house and in the independent sector. She said these allocations were directed to address areas of greatest risk in relation to inpatients/day case, new and review outpatients, endoscopy, echoes and breast.

Mr Campbell asked for the reason why the number of patients waiting longer than 52 weeks is increasing. Mrs Molloy explained that in some specialities there is significant pressure in respect of capacity and staffing challenges. She said that there was a particular difficulty in performance in orthopaedics, general surgery, ENT and gastroenterology, where capacity was being largely consumed on red flag and urgent patients, leaving little availability to see and treat routine patients. The growth in those waiting for an outpatient appointment for over a year was notable.

Mrs McKay referred to staff challenges particularly within orthopaedics. She said the increase in red flag and urgent patients has increased which results in routine patients waiting longer. She said that she has asked the outpatients team to examine if routine long waiters have now become urgent.

Mrs Molloy referred to new outpatients performance and performance against the improvement trajectory. Members were advised that performance in 2017/18 was -16%. She said the predicted performance for 2018/19 had not been confirmed with HSCB as yet.

Continuing with inpatients/day cases performance improvement trajectory, Mrs Molloy advised that the Trust's performance at year end had been -11%. She said the Trust's predicted performance for 2017/18 was not achieved. Mrs Molloy said achievement of the predicted trajectory was impacted by the regional decision not to book routine electives at sites which were under particular pressure from unscheduled care during quarter 4 and also the theatre capacity at Altnagelvin had been affected by some planned remedial estates work.

Mrs Molloy shared statistical information relating to elective waiting times over 9 and 52 weeks across a range of specialities for both outpatients and inpatients/day case. She said there would be a focus on validating waiting lists. She said that £30m investment will be made to elective care in 2018/19 from Transformation Funds and there is an expectation that this investment will reduce waiting lists and support reform of practice in outpatients.

Mrs Molloy continued with hospital cancelled outpatient appointments. She said during 2017/18 there were 16,563 outpatient appointments cancelled that had an impact on patients. She said this included 2,937 appointments where appointments were brought forward to an earlier date, 9,972 appointments where the appointment was rescheduled for a later date and 3,654 appointments where no change in appointment date but time was changed. It was noted that this was an area

requiring considerable work during the year ahead in order to reduce unplanned cancellations.

Moving to performance improvement trajectories within mental health, Mrs Molloy advised that at end of March a worsened breach position had been realised in 2 of the 4 areas of mental health, and took members through the end year position – CAMHS 10; Adult Mental Health 318; Dementia 82; and Psychological Therapies 554. Mrs Molloy outlined a range of issues affecting performance and key actions in place or in the process of being implemented to mitigate against the breach positions.

Mrs Molloy referred to performance in respect of children's services. She said against the target for community paediatrics that at least 50% of patients will wait no longer than 9 weeks for their first outpatient appointment and no patient will wait longer than 52 weeks, members were advised that performance at end March 2018 was 25%. Mrs Molloy said that 592 patients were waiting longer than the 9 week standard and 105 patients waiting longer than the 52 week standard, while there was considerable effort to address causes, it had been difficult to gain traction for changes during the year, and in 2017/18 the number of total waits, breaches and longest waits had increased from March 2017. She advised that a significant number of those waiting to be seen were assessment for ADHD services. Mrs Molloy added that a pressures paper for children's ADHD service had been developed and a transformation funding bid had been made to support the development of dedicated services, 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 had increased throughout 2017/18 from 588 in March 2017 to 627 in March 2018.

Mrs Molloy referred to performance across the range of AHP services. Members were advised that the overall breach position at year end was 4,758. She said at 31 March 2018 the overall breach position had marginally decreased to 4,758 from February 2018. Members were advised that breaches had increased in 3 specialities with decreases noted in orthoptics, occupational therapy and speech and language therapy. Mrs Molloy advised this area of care would need considerable work and support in 2018/19 and internal improvement trajectories were being developed with the service, even though these were not required by HSCB, to track improvement actions and their impact.

Following a question by Dr McIlroy, members were advised that the recruitment of a peripatetic team was progressing in an attempt to improve stability in staffing levels and Mr Ryan advised that the establishment of that team would be completed shortly.

Mrs Molloy referred to WLI activity during 2017/18 within AHP services. It was noted that the service deployed additionality within SLT and Dietetics with the Dietetic locum continuing into quarter 1 of 2018/19. Members were advised that the service

had developed a 2018/19 WLI plan for approval by the Health and Social Care Board which will focus on those waiting longer than 13 weeks.

Members were referred to performance within Primary Care and Older People. Mrs Molloy referred in particular to short breaks and advised that the number of short break hours delivered had marginally decreased from March 2017 compared to March 2018. It was noted that a recent meeting of the Trust Short Breaks Group was to be rescheduled and that future work to review/analyse hours delivered during 2017/18 would be undertaken.

Mrs Molloy concluded her presentation by referring to hospital discharges. In relation to Mental Health and Learning Disability there were no delayed discharges in March 2018 and during 2017/18 there were a number of discharges that took longer than 28 days. It was noted that there was a marginal increase compared to 2016/17. Mrs Molloy said there were no issues of concern with regard to this performance.

Moving to delayed discharges Mrs Molloy advised members that during 2017/18 there were 848 complex discharges who waiting more than 48 hours. She said of these the main reasons for delay were no domiciliary care package available or no suitable step down bed available. Mrs Molloy advised that hospital discharges remain challenging.

Dr McIlroy advised members that significant discussion took place on non-complex discharges at the Finance and Performance Committee. He said the Committee is going to undertake some analysis on performance in attempt to move discharge forward by 2 hours would realise significant bed capacity throughout the year.

Mrs Molloy advised members that actions would continue into 2018/19. Dr O'Mullan asked if the Trust had any flexibility to consider targets and plans based on the previous experience. Mrs Molloy advised that the Department of Health sets the performance trajectories and Trusts are required to meet those trajectories. However, the Trust does use the previous year's performance to model service delivery going forward.

The Chairman thanked Mrs Molloy for her informative presentation

5/18/11

CO-OPERATION AND WORKING TOGETHER – UPDATE

The Chairman welcomed Mrs Bernie McCrory, Chief Officer, Mrs Sadie Bergin, Communications and Corporate Governance Manager, CAWT, and Ms Caroline French and Mr Damien Muldoon, paramedics to the meeting.

Mrs McCrory thanked the Chairman for the opportunity to attend the meeting. Mrs Begin tabled for members' information a highlight report of CAWT projects. Members were advised that the total forecasted spend to be claimed and submitted by the end of 2018 is E3,850,729.

Mrs McCrory referred to the CAWT Acute Hospital Services Project. She said the aim of the project is to assess and treat a minimum of 13,000 patients more effectively in the most appropriate patient setting. She said this would be achieved through the establishment of cross border frameworks for scheduled and unscheduled care across Northern Ireland, Border counties of the Republic of Ireland and the West Coast of Scotland. She added that the Project would reform and modernise service delivery through the provision of training, development of new ways of working, sharing best practice and utilisation of innovative technologies.

Mrs McCrory said one of the project delivery sites is the community paramedic project based in Castlederg. She said the community paramedic service aims to enhance local provision of health advice to patients (see and treat), community paramedic hubs with specialist paramedics, to see/treat/transport to appropriate medical facilities using a range of paramedic skills.

Mrs McCrory introduced Ms French and Mr Muldoon to members who are currently undertaking this project in Castlederg and invited them to share their experiences.

Ms French thanked members for the opportunity to attend. She said since 1 September 2017 she and Mr Muldoon were working with a GP practice in Castlederg as community paramedics. She said herself and Mr Muldoon are also currently studying for a Masters in paramedicine. Mrs McCrory said this is equal to the Associate Physician role.

Ms French advised that she and Mr Muldoon were paramedics in the Castlederg prior to leading on this project and were therefore familiar with the issues of the area.

Ms French said NIAS is under increasing pressure with the number of emergency calls increasing year on year. She said in 2016/17 there were 211,800 emergency calls with 32,500 calls from the Western Trust area. A 5% increase from the previous year.

Ms French said there role is based in the community working alongside the GPs and other services. She said there role is to be a mobile health care provider. She said that by working in GP clinics this frees up GP and nursing time. She said they are also available for trauma and house calls.

Ms French and Mr Muldoon shared patient stories of how they have made a difference to patients. Stories demonstrated that if it had not been for their intervention the patients would have resulted in either an appointment with the GP or a visit to ED.

Discussion took place following Ms French and Mr Muldoon's presentation.

It was noted that the project is funded for 8 paramedics at this point in time across the CAWT area.

Ms French advised that she and Mr Muldoon adhere to the GP protocols and record their interventions on the GP system. It was noted that for the purposes of the project their entries are made under a CAWT unique patient number.

Mrs McCrory was asked about the future of CAWT in light of Brexit. Mrs McCrory said that she was pleased to advise that the Chancellor of the Exchequer had underwritten CAWT's funding until December 2022.

Ms French said NIAS is looking at this model with a view to extending it themselves.

The Chairman thanked Ms French and Mr Muldoon for their informative presentations. He asked how would the service be developed into the future with NIAS or would it become a stand-alone service. Ms French suggested that their work would become a rota suggesting 2 days in a GP surgery; 2 days in minor injuries and a day as a paramedic in the traditional responding way.

Mrs McCrory said the same project in Scotland is more established and Scotland is looking at making this service as a mainstream service.

Dr O'Mullan acknowledged this fantastic service. She asked was it difficult to recruit to this project.

It was noted that in Scotland it had been difficult to recruit a second paramedic particularly in the rural areas. However, there was no difficulty in recruiting to this project in Northern Ireland.

Dr Kilgallen asked how the service worked alongside the Practice Nurse. Ms French said the project worked well with no difficulties. She said the Castlederg is the second largest practice in Northern Ireland and therefore there were no issues.

Mrs McCrory said this service is unique in that other paramedics are centrally controlled by NIAS whereby Ms French and Mr Muldoon are managed by the GP practice.

Mrs McKay asked if there would be the potential for them to become prescribers.

Ms French said that paramedics have never had the ability to prescribe however a proposal has been put forward to allow paramedics who have undertaken the Masters in paramedicine to prescribe.

Mrs Woods welcomed this ground breaking service and asked what had been the biggest challenge to date. Ms French said the biggest challenge was changing people's perception that they need to see a GP when they visit their health centre. She referred to her time in Glasgow and said that they had gained vast learning and experience to share with general practice.

Mr Ryan referred to existing services that support people at home such as acute care at home and intermediate care. He asked how this project can be evaluated going forward. Mrs McCrory advised that SEUPB will undertake an independent

evaluation. In addition Ms French and Mr Muldoon have been asked to record details of all the cases they have been involved in so that CAWT can also undertake an evaluation.

The Chairman thanked all present for attending and sharing this innovative project with members.

5/18/12

**DECLARATION AND REGISTER OF INTERESTS – OUTSIDE INTERESTS
2017/18**

The Chairman advised members that the Trust's Register in respect of Outside Interests had been updated and is available for viewing from the Chief Executive's Office.

5/18/13

SCHEME OF DELEGATION AND SCHEDULE OF DELEGATED AUTHORITY

Mrs Mitchell advised members that the Trust Board annually approves a Schedule of Delegated Authority relating to authorisation limits for expenditure.

Since the inception of the Trust the delegated limits have remained largely unchanged. However a review has been carried out with other Trusts which has determined that the Trust levels require to be uplifted.

Mrs Mitchell referred members to a table detailing the current authorised limits for all Trusts in Northern Ireland and a proposal for Trust Board to consider in respect of amended thresholds for the Western Trust.

Mrs Mitchell proposed that these new thresholds come into effect from 1 August 2018 (due to the amount of work required to amend the Finance Procurement Management System – FPM System)

Following consideration Trust Board unanimously approved the new thresholds set out in the table effective from 1 August 2018.

Mrs Mitchell referred members to other key changes to the documents from those in use during 2017/18.

She referred to the general Schedule of Delegated Authority and specifically a number of changes to reflect new appointments, leavers and amendments to posts. She also referred to the E&G Schedule of Delegated Authority in relation to a number of changes made to reflect new appointments, leavers and amendments to posts and sought members approval in relation to these changes.

Following consideration members unanimously supported all changes from 1 April 2018.

Mrs Mitchell asked members to note that there were no changes to the Trust's Scheme of Delegation since it was approved in 2016/17.

5/18/14

BANK MANDATES

Mrs Mitchell advised that as a result of Ms Cathy Coyle not being included on the last set of bank mandates due to maternity leave, Ms Coyle needed to be added to the Trust list of approved cheque signatories.

Trust Board approval was now sought to have Ms Coyle authorised as a cheque signatory on the Trust bank mandate.

In addition, Mrs Mitchell advised that Trust Board approval was also sought to permit Miss Yvonne Ferguson, Band 5, to be added to the bank mandate, as an additional signatory, to align the Trust with similar operational banking practices regionally. A letter will be sent to the Bank to notify them of this revision, once approved

Following consideration members unanimously supported the above.

5/18/15

POLICY

Smoke Free

Mrs Molloy referred members to a revised policy within members' papers for approval. She referred to a list of amendments.

Following consideration the amended policy was unanimously approved by members.

The Chairman reminded everyone that it is their responsibility to challenge anyone they see who is smoking on the hospital sites.

5/18/16

TENDER AWARDS

There were no tender awards for consideration and approval.

5/18/17

TRUST FUNDS

There were no Trust Funds for consideration and approval.

5/18/18

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

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

5/18/19

ANY OTHER BUSINESS

IHI Quality Conference

Members were advised that 15 members of staff attended the IHI Quality Conference in Amsterdam. She said this conference had attracted significantly media attention and the Permanent Secretary has written to Trusts asking for a breakdown of cost.

Dr Kilgallen advised that the total cost to the Western Trust is £19,157. It was noted that the cost of 2 members of staff were paid from public funds and one staff members' costs were covered by the Scottish Quality Fellowship.

Dr Kilgallen said that she believed the investment in staff attending this conference was proportionate in that learning will be cascaded across the organisation.

The Chairman said that he was confident that Dr Kilgallen would ensure learning is cascaded.

Dr McIlroy agreed with Dr Kilgallen in that he felt the cost was proportionate to the learning.

Associate Medical Directors

Dr Hughes advised members that he had appointed 3 Associate Medical Directors:-

Associate Medical Director Quality Improvement – Dr Ying Kuan
Associate Medical Director International Recruitment – Dr Brendan Lavery
Associate Medical Director Clinical Governance and Patient Safety – Dr Patrick Stewart

RQIA Unannounced Inspection

Members were advised that RQIA undertook an unannounced inspection in Ward 20 today. Initial feedback has been expressed and RQIA has said it is very impressed by the improvements since its last visit in September 2017.

5/18/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 14 June 2018 at 10.30 am in the Denis Desmond Room, Trust Headquarters.

**Mr Niall Birthistle
Acting Chairman
14 June 2018**