

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 14 June 2018 at 10 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 S Cummings, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Dr C O'Mullan, 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
Dr B Brown, Executive Director of Nursing/Director of Primary
Care and Older People's 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

IN ATTENDANCE

Mr M Gillespie, Assistant Director of Acute Services
Mr O Kelly, Head of Communications
Dr N Black, Assistant Director Acute Services
Mrs M McGinley, Executive Officer to Chief Executive

6/18/1

CONFIDENTIAL ITEMS

6/18/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the June meeting in Londonderry. He referred to a report of his business from the last meeting.

- The Chairman advised that the Department of Health has been analysing the 96 recommendations (and 120 actions) and has grouped them under 9 main workstreams to help steer the implementation.

The Chairman said some of the workstreams and sub-groups will be led by Department or HSC staff. Others will be chaired by individuals from the third sector, business sector or former HSC staff. Co-production, involving service users and HSC staff will be an important component of the workstreams and will be delivered both through membership of workstreams and through appropriate engagement with stakeholders.

To support the workstreams, the Chairman advised that he has nominated a 3 Non-Executive Directors to participate as members of workstreams and sub-groups – namely Mr Campbell, Dr O’Mullan and Mrs O’Kane. He added that the NEDs will also have the opportunity to participate collectively in a HSC Non-Executives’ Liaison Group as part of the overall implementation programme.

The Chairman added that he has been advised that Governance staff and HSC staff involved in the handling of complaints and SAIs may be expected to undertake work on behalf of these groups. Two governance leads have already been agreed with Trusts to be involved in the SAI workstream. It was noted that Dr Woods, Deputy Chief Medical Officer, will write to Trusts to secure other governance leads for other workstreams. In addition, a small number of HSC staff may need to be seconded on a full or part-time basis as part of the implementation team to work alongside Departmental staff.

The Chairman said the Department will allocate staff and Non- Executives to workstreams to meet the strategic needs of the programme. It will not be necessary or practical for every Trust to be represented on every workstream.

- During May the Chairman was delighted to attend celebratory events to recognise the invaluable and tremendous support provided by Volunteers across the Trust’s geography.
- On 17 May the Chairman took part in the judging panel for the Special Recognition Awards which will be held on Friday, 22 June. He said this year has seen the highest number of nominations and he looked forward to the Awards Ceremony.
- On 24 May the Chairman attended a meeting of the regional Chairs’ Forum. He said that discussion took place on many issues including a proposal that Non-Executive Directors should be part of external inspections to hospitals and facilities.
- The Chairman was delighted on 7 June to learn of the Trust’s success at the RCN Nurse of the Year Awards. The Trust had 4 winners:-
 - Liam Dunne, Crisis Nurse Manager at Grangewood, winner of the Inspiring Excellence in Mental Health and Wellbeing;

- Gloria O'Connor, Cancer Nurse Specialist, winner of the Cancer Nurse Award;
- Maria Magee, winner of the Dementia Nursing Award; and
- Yvonne McWhirter (retired), winner of the Addiction Services Award.

The Chairman said this success had been unprecedented and he asked that the Board' congratulations be passed to all the winners.

- The Chairman was delighted to welcome HRH The Prince of Wales to the Omagh Hospital and Primary Care Complex to officially opening the new Complex on Wednesday, 13 June.

The Chairman said what was particularly striking about this development is the huge level of cooperation between all of the key stakeholders within Omagh and West Tyrone in bringing about this ultra-modern hospital and primary care complex in order to ensure the very best health services are provided for our community for many years to come.

The Chairman acknowledged and thanked staff, local GPs and the wider community for their huge support in taking this development forward to what is an exemplar for local health services throughout Northern Ireland.

6/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to her quarterly report and said that she would draw members' attention to a number of key points. The full report will be emailed to members.

- Two members of staff from the Directorate of Primary Care and Older People's Services Directorate and a volunteer were recognised in the Queen's Birthday Honours List. Mrs Bernie Michaelides, Head of Intermediate Care was appointed a Member of the Order of the British Empire for services to community nursing; Mrs Judy Houlahan, Head of Secondary Care, became a medallist of the Order of the British Empire for services to nursing and Ms Margaret Marley, volunteer, also became a medalist of the Order of the British Empire for services to the community of Londonderry.
- Members were advised that the Rheumatology Infusion Unit has relocated to its permanent home, a newly refurbished area on the 9th floor of Altnagelvin Hospital. Following negotiations with the HSCB, additional funds were secured to enhance the nursing compliment within the Unit which will support further expansion moving into the future. Alongside this further funding has been secured to support people living with MS in the form of a part time Band 7 MS Nurse Specialist. Following discussions with HSCB further recurrent funding has been allocated to enhance the Consultant workforce in Rheumatology.

The Ophthalmology and Optometry service facilitated a successful 'Away Day' called 'Seeing it Differently', whereby over 40 staff from the service took time out together to reflect and discuss achievements, look at methodology around Quality Improvement and hear from Quality Improvement experts. The day also focused on 3 themes that are important to the service in respect of Cataract Pathway, experience in Clinic 6 AAH and patient education and information

- There are a number of significant Quality Improvement initiatives underway at both SWAH and OHPCC. Nursing staff are working to improve direct patient care through ensuring patient pathways are patient centred, efficient and effective. Four projects have been submitted to the Northern Ireland ECHO programme, which is a new initiative aimed at providing complex care to patients with complex and long term conditions, in their local community.
- Pharmacy staff have been involved in the regional and local introduction of a new IT system (RISOH) for oncology chemotherapy. Treatment protocols and prescriptions have been developed and quality assured by pharmacy staff. Most recently, pharmacists have provided face to face support in clinics to support the safe use of the system in prescribing chemotherapy.

6/18/4

APOLOGIES

Apologies were received from Mrs J Doherty, Non-Executive Director, Mrs S O'Kane, Non-Executive Director, Mrs G McKay, Director of Acute Services and Mr A Moore, Director of Strategic Capital Development.

Mr Dixon, Patient and Client Council, was also not able to attend today's meeting.

6/18/5

DECLARATION OF INTERESTS

There were no declarations of interest.

6/18/6

MINUTES OF PREVIOUS MEETING

The Chairman referred to the minutes of the previous meeting for approval.

Dr McIlroy referred to the minute under Financial Performance and asked that an additional paragraph be added to reflect his comments on regional medical locum rates.

The Chairman agreed to this addition and said this would be drafted and shared with Dr McIlroy for approval.

Subject to this addition the minutes of the previous meeting were agreed as a true and accurate record of discussion.

6/18/7

MATTERS ARISING

There were no matters arising.

6/18/8

QUALITY AND SAFETY

Patient Story – Acute Services

Mr Gillespie welcomed Dr N Black, Consultant, to the meeting.

Dr Black apologised that both the Diabetes Specialist Nurses had been unable to attend today's meeting to speak to members about their work.

Dr Black said that he was delighted that DSNs Mairead McClintock and Siobhan Monaghan had been appointed as Diabetes UK Clinical Champions 2018 and will be completing the champions programme over the next 2 years.

He explained that Ms Monaghan and Ms McClintock, both based at the South West Acute Hospital, are highly respected within the Diabetes Team and are priceless resources for people living with diabetes in the southern sector of Trust. He said they follow Ms Lesley Hamilton, Diabetes Network Manager, for the Western Trust area who occupied this role for the community diabetes team work she has been so successful in.

Members were advised that Ms Monaghan will be working on developing the Diabetes Pre Pregnancy Care service to increase the service for women with diabetes and Ms McClintock will be focusing on improving the inpatient experience through improved knowledge and education among all staff and will be looking at innovative ways to improve diabetes awareness among all grades of staff and looking at staff training in the wards.

Members acknowledge the work that is being done and asked that their best wishes for the project be passed to Ms Monaghan and Ms McClintock.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Mr Downey referred members to an update in respect of the Report's actions within members' papers and referred to a number of pieces of correspondence from the DoH:-

- 3 May 2018 – Letter from DOH to advise on the establishment of a Paediatric-Clinical Collaborative Workstream which will assist Trusts to work as a

collaborative to address Recommendations 10-30 on a regional basis and/or on a regionally consistent basis. The Trust will be represented on this workstream by a consultant paediatrician and a paediatric nurse.

- 15th May 2018 – Letter from DOH to HSC Chairs advising on the establishment of 9 main workstreams and associated sub-groups to take forward the Hyponatraemia Inquiry Report's 96 recommendations (120 actions). As alluded in the Chairman's report, Mr Downey said that 3 Non-Executive Directors had been nominated to participate as members of workstreams and sub-groups.
- 25th May 2018 – Letter from DOH advising on proposed visits to Trusts by the Chair and other members of the Paediatric Clinical Collaborative Workstream to meet with staff leading on implementation of the recommendations. It was noted that this visit will take place on 21 June.

Mr Downey advised that a benchmark assessment against SAI related recommendations had been completed and submitted to DoH on 27 April 2018.

Mr Downey continued to provide an update on Trust actions:-

- Work has commenced on the development of a protocol for Age Appropriate Care and a first draft has been prepared.
- An internal assessment against the SAI Related Deaths recommendations had been completed which shows a 56% compliance level. Members were referred to further detail in the attached paper.
- The Project Board continues to meet on a fortnightly basis and is mindful of how improvements can be embedded in practice at ward level across the organisation and of how to ensure that there is a high level of awareness of the Report's recommendations and the actions required to address them.

Mr Campbell thanked Mr Downey and his team for the progress being made and said it is important the DoH continue to progress the actions attributed to them.

Members thanked Mr Downey for the report and said that it clearly showed progress adding transparency and openness.

Infection Prevention and Control Update

Dr Hughes referred to his report with papers. He said that this had been a challenging month in relation to norovirus and that 3 wards had been closed at points in time due to outbreaks.

Members were advised that ward 5 Altnagelvin Hospital had been closed to admissions for 6 days due to an outbreak of confirmed norovirus. 11 patients and 8 staff experienced symptoms. Dr Hughes said there had been prompt recognition of a possible outbreak by the ward staff and elective surgery was rescheduled during

this closure. The Infection Prevention & Control Team provided support to the ward team and education and enforcement of appropriate hand hygiene practice with members of the medical team was required.

Ward 3, Altnagelvin, also had a number of beds closed as a result of an increase in vomiting and/or diarrhoea. 4 patients met the criteria for norovirus and there was 1 positive norovirus laboratory result. Dr Hughes said that despite the 1 Norovirus positive result, this incident did not behave like an outbreak and was, therefore, not declared as such. 3 staff members also reported symptoms.

Ward 41, Altnagelvin, was closed to admissions for 1 day due to a possible outbreak of norovirus, with 10 patients and 5 staff reporting symptoms. Dr Hughes said testing results are awaited from the Belfast Virology Laboratory however the IPC Team continues to provide support with all IPC measures in place.

Dr McIlroy commended Dr Hughes in the changed format of the statistical information.

Infection prevention and control Annual report of the Chief Executive HCAI accountability forum

Dr Hughes referred members the above annual report. He said the report outlined the comprehensive and complex work which provides guidance and assurance to patients, the public and staff that all efforts are being taken forward to prevent HCAs. He commended the report to members for approval.

Following consideration members unanimously approved the annual report.

Environmental Cleanliness Update

Dr Brown reminded members that he would be providing a quarterly report in respect of environmental cleanliness and referred members to an audit overview report for April 2018.

Referring to bi-monthly reports Dr Brown advised that overall compliance had been 92%. He advised that 8% 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 first month of the quarter was 31%.

In respect of the first month of the 6 monthly audits, it was noted that no audit scored less than 75% with overall compliance being 35%.

In respect of managerial audits Dr Brown said 1% of audits had been completed with 99% to be completed during the fiscal year.

Environmental Cleanliness Annual Report 2017/18

Dr Brown referred members to the Trust's Environmental Cleanliness Annual Report for 2017/18. He said the Trust is committed to ensuring that the standard of environmental cleanliness throughout each of its health and social care sites and facilities, are maintained.

Dr Brown said the Trust recognises that high standards of environmental cleanliness ensuring clean, safe and decontaminated areas are not only fundamental in minimizing the risk of healthcare associated infections (HCAIs), but also play a significant role in satisfying the needs of patient and clients by giving them a sense of confidence in our facilities whilst receiving care and treatment.

Members were advised that in the year reported on from 1 April 2017 – 31 March 2018 all Trusts had been set a target of 'substantive' compliance through the Controls Assurance Framework. Dr Brown said the Trust's approach had been to ensure a strong focus and ownership both at local facility and team level on the development of a 'cleanliness matters' culture combined with the adoption and implementation of Infection Prevention & Control Standards.

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.

Dr Brown referred to Appendix 1 of the report WHSCT Controls Assurance Environmental Cleanliness Scores 2017- 2018 and advised that in 2018/19 the standards would be reduced to 7.

Continuing Dr Brown advised that during 2017-2018 the Trust had 2 unannounced RQIA Inspections in Altnagelvin that also included the Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool. These inspections were undertaken in the Renal Unit and in Ward 20. The inspections included how clean and uncluttered the environment was and what guidelines were in place. Department audits and staff competency based training were reviewed. Whilst good practice was reported and there were no recommendations for the Renal Unit there were a number of recommendations for Ward 20 that were actioned and RQIA returned in May 2018 to repeat the inspection.

The RQIA reports, while highlighting some areas for improvement, indicated that standards relating to infection prevention and hygiene were of an extremely high standard and all staff were commended for this.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the above report within papers. He advised that there are currently 22 risks on the Corporate Risk Register as approved at Trust Board

on 3rd May 2018. There were no material changes for members' consideration and approval.

6/18/9

AUDIT COMMITTEE MINUTES FOR MEETING HELD ON 14 MAY 2018

Mr Campbell referred members to the minutes of a meeting of the Audit Committee held on 14 May 2018 for information.

Members noted that this was the Audit Committee's first meeting with the new external auditor, Grant Thornton.

Mr Campbell referred to the internal audit assignments which had given a limited assurance and unacceptable assurance in respect of management of medical staff and domiciliary care and said that a progress report would be provided to the August Trust Board meeting.

Mr Campbell advised this will be the last year Internal Audit will provide controls assurance verification as the Department of Health has advised that formal control assurance standards will no longer be required from April 2018. Members noted however that the Trust had met the standard in all 4 areas. Mr Campbell added that even though the formal controls assurance standards are no longer in existence the Trust will still be required to provide assurance and this will be arranged by Mrs Molloy giving an update at the next Governance meeting.

Mr Campbell referred to the end of year internal audit follow up report and said that 79% of all recommendations were full implemented with 17% partially implemented. He said that 6% of those partially implement, were priority 1 recommendations. It was noted that some of the recommendations are outside the control of the Trust.

Mr Campbell referred to BSO Payroll Shared Services and said this service had moved from an unacceptable assurance in September 2017 to limited assurance, an improved position. He said at the June Audit Committee meeting senior staff from BSO attended to give a presentation and he could see issues becoming resolved.

Mr Campbell said Mrs Mitchell took the Committee through a presentation of the Trust Accounts outlining the various elements of the accounts package including the arrangements for approval and audit. Mr Campbell said that the final accounts were further discussed at the June Audit Committee meeting.

The Chairman referred to outstanding priority 1 recommendations and the need for those which the Trust can implement, to be done so quickly. The Chairman alluded to the change in External Auditor and said this was a key relationship for the Trust. Mr Campbell said that during the audit of the Trust's accounts a positive, constructive relationship had been developed.

Following consideration members unanimously approved the minutes of the Audit Committee on 14 May.

Mr Campbell referred to the annual accounts and asked members to move to this agenda item next. The Chairman endorsed this proposal.

6/18/11

APPROVAL OF THE ANNUAL ACCOUNTS FOR 2017/18

Mrs Mitchell presented to members the draft accounts for the year ended 31 March 2018. She tabled supplementary papers in relation to related party transactions, staff numbers and related costs and a remuneration report.

Mrs Mitchell confirmed the Trust's external audit arrangements and the internal approval process for the accounts. She said following consideration and approval today the accounts would be forwarded to the Department of Health for audit certification and should be laid before the Northern Ireland Assembly on 29 June. Mrs Mitchell said the Annual Accounts would be presented to the public at the September Trust Board meeting.

Mr Mitchell said the consolidated accounts for 2017/18 included:-

- Statement of Comprehensive Net Expenditure;
- Statement of Financial Position;
- Statement of Changes in Taxpayers Equity;
- Statement of Cash Flows; and
- Notes to the Accounts

Mrs Mitchell confirmed that the Audit Committee had been taken through the detail of each of these documents.

Mrs Mitchell confirmed that the Trust had operated within the Revenue Resource Limit set for the Trust. She said the Trust was reporting a surplus of £73k.

Mrs Mitchell thanked all the Directors and their managers for their hard work in getting the Trust to this financial position.

Mrs Mitchell confirmed that the Trust stayed within the CRL and reported that the Trust's management costs for 2017/18 was 3% - a decrease on the previous year.

Mrs Mitchell referred to the Trust's performance against the Public Sector Prompt Payment Policy. She said 92.2% of all bills had been paid within 30 days or other agreed payment terms and 74.4% had been paid within 10 days or other agreed payment terms.

Mrs Mitchell briefed members on a number of issues and began by advising members that the Trust had achieved break-even and had reported a surplus of £73k. In addition she stated that the Chief Executive as Accounting Officer for the Trust was required to sign a statement on internal governance arrangements. She

added that the Statement outlined specific internal controls operating throughout the Trust and confirmed this had been signed by Dr Kilgallen.

Mrs Mitchell advised members that disclosure had been made on the amounts received by Trust Board members relating to salary, pension and benefits in kind. She said the annual report would also report the earnings of the highest paid earner at Board level represented as a ratio against the median staff salary. Mrs Mitchell tabled the Remuneration Report.

In relation to the Voluntary Exit Scheme/Ill Health Retirement, members were advised that during the year 9 staff left under the VES scheme costing £68k and there were 30 early retirements from ill health.

In relation to staffing statistics, members noted that there are 47 members of staff at senior executive level and Agenda for Change bands 9 and 8C (including Associate Medical Director). The Trust's staff has a gender split of 81% female and 19% male. Absence reported for 2017/18 is 7.02%.

Mrs Mitchell tabled information on Related Parties.

Members were advised that no printed version of the Trust's Annual Report would be published for 2017/18. She said the annual report would include performance and accountability reports to be signed by the Chief Executive.

Mrs Mitchell advised on Impairments and Donated and Granted Assets Additions.

Concluding her report Mrs Mitchell advised members in respect of the statements for patients' property, charitable Trust Funds statement of financial activities 2017/18 and charitable Trust Funds statement of financial position as at 31 March 2018.

Following consideration members approved the Trust's draft accounts for 2017/18.

Mr Campbell thanked Mrs Mitchell and her financial team for their hard work during the year. He said the standard of work was of a very high standard and said the Trust's financial position was consistent with the messages Mrs Mitchell gives to Trust Board. Mr Campbell also thanked Dr O'Mullan and Mrs Doherty for their support on the Audit Committee during the year.

The Chairman thanked Mrs Mitchell for her presentation.

6/18/10

AUDIT COMMITTEE MINUTES FOR MEETING HELD ON 11 JUNE 2018

Mr Campbell referred members to the minutes of a meeting of the Audit Committee held on 11 June.

Following consideration members unanimously approved the minutes of the Audit Committee on 11 June.

6/18/12

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for month ending April 2018 within papers. She said her presentation would look at month 1 performance improvement trajectories and improvement plans.

Mrs Molloy began with Unscheduled Care performance in the Trust. She said the performance trajectory for ED in relation to the 4 hour standard had been agreed by CMT and submitted to the Health and Social Care Board, and that this projected a 2% improvement overall for the Trust 2017/18 by year end, profiled across the year to take account of particular pressure periods.

For April 2018 members noted that the Trust's overall performance had been 74% against a target of 76%, indicating a small divergence from the predicted position for the month, with Altnagelvin having a performance of 69% against a predicted performance of 72% and the South West Acute Hospital having a performance of Actual 69% against a predicted performance of 70%. During April Mrs Molloy advised members that the Trust's EDs had seen an overall increase of 578 (6%) on the same month last year, with increases of 5% in Altnagelvin and 6% in SWAH compared to April 2017.

Against the Ministerial unscheduled care targets, Mrs Molloy advised that there had been 84 breaches of the 12 hour during April, with 46 of these in Altnagelvin and 38 of these in SWAH.

Mrs Molloy provided the regional information in respect of performance against the 4 hour and 12 hour standard. She said that the Trust was the second best performing Trust in the region against the 4 hour standard and continued to have the lowest number of 12 hour breaches of all Trusts in the region.

Dr McIlroy said that the increase in numbers attending ED on the same month last year was noteworthy, and that services were continuing to deliver a very good level of performance in this context.

Mrs Molloy referred to delayed hospital discharges and that during April 79% of complex discharges took place within 48 hours with 72 complex discharges waiting more than 48 hours. She added that 98% of all non-complex discharges had taken place within 6 hours.

Mrs Molloy said complex hospital discharges remained challenging for the reasons previously cited namely complexity of care planning, issues with the changeover to new Domiciliary Care Providers, availability of care packages, and availability of suitable step down beds, however given the improvement work underway, the Trust has committed to a performance improvement of 3% in 2018/19.

Mrs Woods asked if the 3% performance improvement was a regional target. Mrs Molloy advised that each Trust had given a Trust specific prediction to the HSCB, and that the Corporate Management Team felt a 3% improvement target while

challenging, could be exceeded if all of the streams of improvement work went to plan.

Mrs Molloy advised members of the Unscheduled Care Improvement Programme. She said that a number of actions were being taken forward which included a review of 12 hour breaches. Members were advised that a process had been agreed with revised Terms of Reference and agenda developed in line with internal audit requirements and recommendations and this forum would meet on a weekly basis to review a sample of 12 hour breaches from the previous week, to spot trends and opportunities for learning.

Members were also advised that an ED Consultant and an ED Sister are leading work on frequent attenders to ED. Mrs Molloy said this would be a multidisciplinary approach and would require significant co-ordination and support across a number of areas including mental health, primary care, social care and addiction services.

Mrs Molloy advised that a number of QI projects are being taken forward across acute services to increase the numbers of patients discharged early in the day, and that QI projects were being targeted in a small number of areas including the Altnagelvin Flow Hub. She advised that the Finance & Performance Committee were scrutinising this work.

Mrs Molloy said that the work to expedite discharge was an important part of flow in the hospitals and referred to new work to explore collaboration with the Red Cross through their "Home from Hospital" service. Mrs Molloy said the aim of the pilot sat alongside the need to increase earlier in the day discharges by providing both transport and social care element which would support patients with low level needs following discharge from hospital. Mrs Molloy said there was evidence that the Trust had a wide range of actions in place to attain the performance required in unscheduled care this year.

Continuing with performance on cancer services, Mrs Molloy advised that the Trust's performance against the 14 day and 31 day breast standards for April remained at 100%. In respect of the 62 day standard the Trust's performance had been 91% against a predicted performance of 94%. Mrs Molloy advised that the Trust had not committed to making an improved performance in relation to the 62 day standard as the Trust remained high performing.

Mrs Molloy advised members that a performance improvement trajectory for the cancer standards is being developed for submission to the Health and Social Care Board with a prediction that the Trust will hold the 14 day and 31 day breast cancer performance of 100% and in respect of the 62 day breast cancer target prediction to sustain the 2017/18 performance of 88%.

Mrs Molloy referred to Cancer Improvement Programmes which are being taken forward regionally, which the Trust will actively participate in. She said that a Trust Cancer Forum had been established and the Trust was represented by the Assistant Director Cancer Services. She said the Forum will meet monthly, flagging and

working together to resolve issues, discuss improvements and performance on a regional basis.

In addition members were advised that an endoscopy service improvement plan had been established in respect of access to GI diagnostics, which remained an area requiring support and improvement, particularly in the southern sector. Mrs Molloy also advised that a regional plan is underway led by the HSCB to train additional Nurse Endoscopists province-wide, funded by the Transformation programme.

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 April was 30%. She said there were 24,283 patients were waiting longer than 9 weeks and 11,208 patients were waiting longer than 52 weeks which was an increase from end of March 2018 position.

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 34%. Members noted that 10,926 patients were waiting longer than 13 weeks and 4,601 patients were waiting longer than 52 weeks. Mrs Molloy advised that the end of April 2018 the number of patients waiting more than 9 weeks had again increased from end of March 2018 position.

Mrs Molloy stressed that all Trusts were working against improvement trajectories for core performance, given that the ministerial target for elective access was not attainable and she took members through the current position against these commitments, which indicated the Trust was currently on track against the predicted performance at April 2018.

Mrs Molloy advised that the improvement trajectory submitted to the Health and Social Care Board showed that, for Inpatient/day case treatments, the Trust predicted an overall 3% improvement on the 2017/18 position of -11%.

Members were advised that the actual position at end April 18 had been -12% against predicted position of -15%, so the Trust was currently on track.

Continuing with the new outpatients, Mrs Molloy advised that the performance improvement trajectory submitted to HSCB showed a 5% improvement on the 2017/18 position of -16%.

She advised that the Trust has developed a significant WLI plan for 2018/19 for additional inpatient and day case work, as well as outpatient assessments, diagnostics and AHPs which had been submitted to the Health and Social Care Board. The Trust has commenced delivery of the Quarter 1 element of the plan and approval by the HSCB of the full year plan is awaited.

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 April had been was 84%. 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 April 2018 was 87%, and the Trust continued to perform very well in this service.

At end of April members were advised that the majority of the patients waiting longer than 9 weeks were in physiological measurement, mainly echoes, 24hr Holter and audiology where staff issues on all sites had impacted on capacity. Mrs Molloy said a WLI bid had been submitted by the Trust in these areas, even where breaches were low at year end, in order to sustain the position.

Moving to performance improvement trajectories within mental health, Mrs Molloy advised that at end of April, in relation to CAMHS 37 patients had breached the 9 week standard. Mrs Molloy said an improvement trajectory for 2018/19 had been agreed with an expectation that the breach position will continue to September, and from October to December a zero breach position will be secured. While some breaches may occur in January 2019 it is predicted that the service will end the year in a zero breach position.

Mrs Molloy shared with members the issues and actions affecting this service. It was noted that peaks in service demand all align to school closures and the proposal is to provide additional support at these times. Mrs Molloy said that the service is very proactive at looking at addressing the breaches.

In relation to Adult Mental Health, Mrs Molloy advised that at end of April 367 patients had breached the 9 week standard. She said an improvement trajectory had been agreed with the service predicting a rise in breaches throughout 2018/19 as workforce issues continue. Mrs Molloy outlined a range of actions and issues to address the breach position and said that a findings report with long/short term actions would be completed and added that Performance Service Improvement staff continuing to work closely and support the service throughout this work.

Continuing on dementia services Mrs Molloy advised that that end of April 99 patients had breached the 9 week standard against the predicted position of 97 patients. Mrs Molloy said the position declined from March 2018 due to workforce issues however recruitment to the memory nurse vacancy was now completed and the service would retain additional nursing hours to address the backlog. Again, Mrs Molloy said an improvement trajectory had been agreed.

Mrs Molloy referred to psychological therapies and advised that the actual position at end of April had been 527 patients had breached the 9 week standard against the predicted position of 540. She outlined a number of actions to improve performance which included the development of a service improvement project, recruitment and training options. She advised that innovative approaches were required and the service model would be revisited, as the clinical psychology clinical lead has been asked by the Corporate Management Team to review the existing service model and look at service redesign to address inability to recruit. Mrs Molloy also referred to work by HSCB on psychological therapy services and she advised that the HSCB would be establishing a regional mental trauma network and will continue to fund

training on a range of psychological modalities to upskill staff in the mental health teams to relieve pressure on psychology services.

In summary Mrs Molloy advised the Board that the position was viewed to be satisfactory in Month 1, and that the initial performance accountability meeting had been held with HSCB and DoH for the year, which was generally positive.

The Chairman thanked Mrs Molloy for her informative presentation.

6/18/13

FINANCE AND PERFORMANCE COMMITTEE NOTES FOR MEETING HELD ON 1 MAY 2018

Dr McIlroy referred members to the notes of a meeting of the Finance and Performance Committee held on 1 May 2018.

He referred to discussion to the excellent work of QiCR and the unscheduled care dashboards. Dr McIlroy referred to the need to understand cancelled appointments and it was agreed that work to improve this needs to be taken forward.

Mrs Cummings asked for an update in respect of the AHP peripatetic team. Dr Brown explained that there had been some delay but that these had now been resolved and recruitment was progressing. It was agreed a further brief would be provided at the August Trust Board meeting.

Dr McIlroy referred to the waiting list funding which has been attributed to AHPs and said it was important that these staff are in post to ensure the spend can take place.

Mrs Cummings referred to the Committee meeting on 12 June and said that discussion had taken place regarding no financial allocation having yet to be made. Non-Executive Directors recorded their concern regarding this position.

6/18/14

CIRCULAR OSS 01/2018: ROLE AND RESPONSIBILITIES OF DIRECTORS OF THE HEALTH AND SOCIAL CARE BOARD AND HEALTH AND SOCIAL CARE TRUSTS FOR CHILDREN IN NEED, CHILDREN IN NEED OF PROTECTION AND LOOKED AFTER CHILDREN

Mr Downey referred members to the above circular which replaces Circular CC3/02 and which will be implemented with immediate effect to enable it to be operationalised in the reporting period 1 April 2018 – 31 March 2019. Mr Downey said the Directors of Social Worker wanted to move to a more outcomes based accountability and this circular now allowed this.

Mr Downey referred to section 4 – The Corporate Parent. Mr Downey commended the Non-Executive relationships with young people in relation to their visiting role to

children's homes. Mr Downey said that feedback on these visits from both young people and staff was very positive.

Mr Downey said this circular would inform the Trust's Delegated Statutory Functions report which will come to August Trust Board.

6/18/15

ENDOWMENT AND GIFTS MINUTES FOR MEETING HELD ON 1 MAY 2018

Dr McIlroy referred members to the minutes of an Endowment and Gifts Committee meeting on 1 May for information.

6/18/16

USE OF TRUST SEAL 2017/18

The Chairman advised members that he is required to report on the use of the Trust's seal. He advised that during the year Trust's seal was used on 29 occasions.

6/18/17

PPI ANNUAL REPORT 2017/18

Mrs Molloy referred members to the PPI Annual Report for 2017/18 for approval.

Mrs Molly said the Annual Report was 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 2017 to 31 March 2018. She added that the report helped to demonstrate within the Trust how it support PPI and provides some highlights of on-going PPI work across the Trust's Directorates during the period 1 April 2017 to 31 March 2018.

Mrs Molloy thanked the work of the Chair and Co-Chair of the PPI Forum for their leadership in the past year.

Dr McIlroy asked if the annual report could be shared with the media and Mrs Molloy agreed to take this forward with the Head of Communications.

Following consideration members unanimously approved the annual report.

6/18/18

MANAGEMENT STATEMENT AND FINANCIAL MEMORANDUM

Mrs Mitchell referred to the above documents within members' packs. She said it was a standard requirement of Managing Public Money in Northern Ireland that the

Department of Health agrees a Department of Finance approved Management Statement and Financial Memorandum with each of its arm's length bodies.

Members noted that the Management Statement and Financial Memorandum defines the relationship between the Minister for Health, the DoH and the arm's length body concerned setting out the control framework within which that relationship is to be managed and lays down the main duties to be performed by each party.

Mrs Mitchell advised that on 24 March 2011 the DHSSPS advised the Trust of its Management Statement and Financial Memorandum which was subsequently signed by the Chief Executive as Accounting Officer. Mrs Mitchell said it was a requirement of the Trust to annually table the Management Statement and Financial Memorandum at a full meeting of the Board.

Mrs Mitchell added that it is a requirement of the Trust to annually table the Management Statement and Financial Memorandum at a full meeting of the Board for approval.

Following consideration members unanimously approved the Management Statement and Financial Memorandum.

6/18/19

POLICIES

- Safe Use of Oral Methotrexate in Secondary Care
- Monitoring and Recording of Fluid Balance in Adult Patients
- Fire Safety
- Environmental

Following consideration members unanimously approved the above policies.

- Dress Code

This policy was deferred to a future Board meeting.

6/18/20

10,000 VOICES

Unscheduled Care Patient Experience Update Report April 2017- September 2017 & Hospital Eye Care Services

Dr Brown referred members to the above update reports for their information.

6/18/21

**BUSINESS CASE - COMBINED HEAT AND POWER PANT UNITS FOR
ALTNAGELVIN HOSPITAL AND OMAGH HOSPITAL AND PRIMARY CARE
COMPLEX SITES**

Mrs Molloy shared with members the above business case for approval.

She said the Trust's Estate Energy Team had developed the business case to address the need to provide increased energy efficiency associated with the provision of heat light and power at Altnagelvin Hospital site and Omagh Hospital and Primary Care Complex.

Mrs Molloy led members through the detail of the document and said the preferred option in the business case is Option 5 - Install a new 2MW CHP unit at Altnagelvin Hospital and relocate the existing 400KW CHP unit from Altnagelvin to OHPCC energy centre. Mrs Molloy said this option had a capital cost of £2.16m and is projected to deliver £595k recurring revenue savings per annum. Members were advised that a capital bid has been lodged with the Department of Health for this capital outlay.

Following consideration members unanimously supported the preferred option 5 and noted that the attached business case would be submitted to the Department of Health for approval.

6/18/22

TENDER AWARDS

There were no Trust awards for consideration.

6/18/23

TRUST FUNDS

Proposal for Renal Services

Mr Gillespie referred to a proposal to fund 2 posts for 2 years in respect of a pilot expansion of psychology support to incorporate psychology wellbeing practitioners and a pilot chiropody support in the Southern Sector; and a proposal to fund for 1 year a patients' reported outcome measure in collaboration with the UK renal Registry.

Dr McIlroy advised that the E&G Committee had received a presentation from Dr Kuan in relation to using monies from the two renal funds and is in support of this proposal and would recommend approval by Trust Board.

Following consideration members unanimously supported this proposal.

6/18/24

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

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

6/18/25

ANY OTHER BUSINESS

There were no further items of business.

6/18/26

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 2 August at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
2 August 2018**