

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 2 August 2018 at 10 am in the Denis Desmond Room, Trust Headquarters

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

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

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 L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Ms A Friel, Head of Pharmacy and Medicines Management
Mrs A McDuff, Assistant Director Woman & Children’s Services
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive
Dr D Grace, Lead Clinician for Organ Donation (7/18/9)
Mrs W Cross, Head of Infection Prevent and Control (7/18/10)
Ms C Gormley, Lead Antimicrobial Pharmacist (7/18/10)
Dr G McGlynn, Consultant Microbiologist (7/18/10)
Dr C Armstrong, Consultant Microbiologist (7/18/10)

7/18/1

CONFIDENTIAL ITEMS

7/18/2

CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the August Board meeting in Londonderry. He referred to a report of his business from the previous meeting.

- On 22 June the Trust enjoyed its annual Special Recognition Awards.

This was an uplifting and very worthwhile event where the efforts of individual staff members and Teams were recognised, having been nominated by their work colleagues.

The Chairman also thanked the Permanent Secretary for attending the event and presenting the awards.

- On 20 July the Chairman and Chief Executive met with the Permanent Secretary for the Trust's end of year accountability meeting.

As always robust discussion took place on issues including transformation, cyber security, financial outlook and capitation issues and clinical safety assurance.

The Chairman also took the opportunity to remind the Permanent Secretary that the terms of office for himself and 3 Non-Executive Directors would complete at end of September 2018.

- The Chairman referred to a letter from the Permanent Secretary advising that the Department has commenced work on reviewing the 2003 Quality, Improvement and Regulation Order.

This legislation is one of the key components of arrangements to ensure that the HSC provides and commissions quality and safe services.

In the course of this review a number of areas have been highlighted which will require changes in legislation and a particular area of concern which has been identified around how HSC Trusts discharge their statutory Duty of Quality in relation to services they commission from the independent sector.

The Permanent Secretary has asked RQIA to undertake a baseline review of Trust Governance arrangements around services commissioned from the independent sector focusing on nursing and residential homes, domiciliary care (including supported living), adult day care, adult placements and independent hospitals/clinics.

Trusts have been asked to take pre-emptive steps to review and assess the effectiveness of current governance arrangements and to strengthen them as necessary with a focus on the quality and safety of services commissioned from the independent sector.

- Finally, the Chairman reminded members of the rededication of the rose garden at Omagh Hospital and Primary Care Complex on Tuesday, 14 August at 3 pm.

7/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen advised that there were a number of issues she would wish to update members on.

- First was in relation to medical staffing at the South West Acute Hospital.

Dr Kilgallen advised that in the Obstetrics and Gynaecology service the Trust has funding for 8 posts at middle tier and approval from NIMDTA to recruit up to 6 training posts at junior tier. An unprecedented situation arose where 5 staff resigned from the middle tier and NIMDTA were unable to fill 4 of the 6 posts at junior tier.

Dr Kilgallen advised that as of today, the Trust has 5 doctors in post at middle tier and 4 doctors in post at junior tier. All consultants are present with an additional locum consultant.

Dr Kilgallen said she has been reassured that this staffing level is sufficient to maintain safe and effective maternity services and said the Trust has not needed to cancel any patients.

Members were advised that by the week commencing 13 August the Trust will be on track to have 8 doctors in place at middle tier and from start of September 6 doctors in place at junior tier also.

- Second, in relation to the Pathfinder Initiative, Dr Kilgallen said that as a result of these recent workforce challenges in medical staffing of maternity services in the South West Acute Hospital, she has made a personal commitment to involve staff in 'future proofing' services at the hospital and has committed to staff to work together to ensure that services meet the needs of the community in a safe and sustainable way.

In discussion with the DoH, the Department has agreed to sponsor a Pathfinder initiative for the South West Acute Hospital.

This process will include consideration of the contribution that the hospital can make as part of the regional Health and Social Care (HSC) system, in addition to its local importance.

Dr Kilgallen said that in common with the whole NHS, the Western Trust faces significant workforce challenges across its geography and over the coming months the Trust will continue to focus on stabilising the medical workforce in maternity services at SWAH. However Dr Kilgallen said the aim is to lift our sights to the design and stability of the whole system of care on which people rely in the Fermanagh and Omagh area and within which South West Acute has a key role to play.

Dr Kilgallen stressed that this is a step on a journey and she did not expect to see change quickly. Building the relationships necessary to engage people will take time. The next step is for the Department to agree with the Trust, the Health and Social Care Board and PHA draft terms of reference for the Pathfinder, secure the necessary resources to manage the Pathfinder as a project and then move forward on the basis of co-production with the workforce and local community to finalise the terms of reference and start the Pathfinder project.

Dr Kilgallen said it is crucial that the Trust engages with the community so that all understand what health and wellbeing information is available to inform current and future planning.

She said she and members of the Team have met with local Public and Community representatives to invite them to take a partnership approach to the development of health and care services across Fermanagh and Tyrone.

Dr Kilgallen also advised that Dr McBride, the Chief Medical Officer, had visited the SWAH and met medical staff.

- Dr Kilgallen said she was delighted to advise that one of the Trust's GP Federation areas (Derry/Strabane) has been selected as one of 2 prototype sites for a new model, multi-disciplinary team based around primary care. She said the ambition is to establish teams consisting of nursing, mental health and social work staff that will be employed by the Trust but who will deliver services as part of the GP team.

Members were advised that the Trust is ambitious for the GP Federation in the South, and will be supporting them to take opportunities to consolidate and develop their services.

Dr Kilgallen said the process for developing these bids has built even better relationships between ourselves and general practitioners and that is to the Trust's advantage and to the benefit of our population.

- Finally, Dr Kilgallen referred to the Trust's performance against the targets for reducing healthcare associated infections. She said the Permanent Secretary had now advised that the Trust's performance against the 2017/18 target for MRSA had been 4 cases and the target for 2018/19 is 5 therefore no reduced target. In relation to C. diff the Trust's performance last year had been 64 cases and its target for 2018/19 is 56 a reduction of 8 cases is required.

7/18/4

APOLOGIES

Apologies were received from Mr K Downey, Executive Director of Social Work/Director of Women and Children's Services, Mrs G McKay, Director of Acute Services, and Mrs T Molloy, Director of Performance and Service Improvement.

7/18/5

DECLARATION OF INTERESTS

There were no declarations of interest.

7/18/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting on 14 June having been distributed were approved as a true and accurate record of discussion.

7/18/7

MATTERS ARISING

There were no matters arising.

7/18/8

QUALITY AND SAFETY

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr Kilgallen advised members that the Department of Health has established 9 workstreams and 6 sub-groups to take forward the 120 actions relating to the 96 recommendations from the public inquiry report as follows

She said the membership of the workstreams and sub-groups include representatives from diverse backgrounds both within and outside the health and social care system and briefing sessions are being run by the Department for everyone who is participating.

Dr Kilgallen advised that there are Trust representatives on the following workstreams or sub-groups:-

- Duty of Candour (Workstream 1)
- Duty of Quality (Workstream 3)
- Paediatric Clinical (Workstream 4)
- Serious Adverse Incidents (Workstream 5)
- Being Open (Sub-Group)
- Preparation for Inquests and Litigation (Sub-Group)
- ALB Board Effectiveness (Sub-Group)
- Independent Medical Examiner (Sub-Group)

It was noted that each workstream has been allocated recommendations to implement and the aim is to ensure that each of the workstreams and sub-groups will meet for the first time before the end of September 2018. It is expected that many

workstreams will complete their work within a year. However, where legislative changes are required, the timescale may take 3 to 4 years.

Dr Kilgallen added that the first meeting of Workstream 4 – Paediatric Clinical Collaborative took place on 28 June 2018. Regular updates from the individual workstreams will be provided by the Department of Health on their website.

Members were advised that the HSC Liaison Group had its first meeting on 21 July 2018. In addition, as part of the work of the SAI Workstream (Workstream 5), the Trust has been asked to participate in a review of SAIs which will be undertaken by RQIA across all 6 Trusts. RQIA will provide a report of the findings to the Department to be used as a baseline by the SAI Workstream and will also make recommendations for improvement of the process if appropriate.

Dr Kilgallen assured members that the Trust is committed to being as open as possible in how it deals with serious adverse incidents. To this end a small group has been convened to consider how learning from Serious Adverse Incidents can be reported, shared and published to ensure that it is widely accessible to staff across the Trust. This work will contribute to implementation of recommendations 37, 40-42 and 81-83.

In relation to Delivering Age Appropriate Care Dr Kilgallen advised that confirmation had been received from the Health and Social Care Board that tertiary referrals from a paediatrician for children up to the age of 16 will be accommodated in the Royal Belfast Hospital for Sick Children. Within the Trust, children up to their 16th birthday are only admitted to adult wards by exception and where clinically appropriate, however they do attend emergency and outpatient departments with adults. Work is continuing within the Trust to develop a local protocol in relation to age appropriate care in these areas.

In relation to the Report's recommendations Dr Kilgallen advised that an internal assessment had been completed in relation to the 16 Trust Governance recommendations. She said this assessment indicated that there are 5 recommendations which require regional input or work to implement and one requires DoH direction. Of the remaining 10 recommendations, the Trust has assessed that it is fully compliant with 3 recommendations and 7 are partially compliant. Plans are currently in place to take forward actions which can be addressed locally and there are also a number of actions which are dependent on being progressed through the regional workstreams.

Infection Prevention and Control Update

Dr Hughes advised members that so far this year 12 cases of *C. difficile* have been reported. Eight of the cases are classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the Public Health Agency). However, this is not always an accurate predictor of being healthcare-associated. The remaining 4 cases are classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Since the beginning of April 2018 2 MRSA bacteraemia cases have been reported. Both are categorised as community-associated.

He referred to his detailed report within papers for members' information.

Dr McIlroy commended Dr Hughes on his excellent report and said it was encouraging to see the thoroughness of the RCA process and lessons learned. He said the measures put in place were having a positive impact on performance.

Quality Improvement Monitoring – Pressure Ulcers

Dr Hughes referred members to the above report. He said the Skin Care Bundle audits were now completed bi-monthly on all acute adult inpatient wards since February 2018 and compliance was reported quarterly to the PHA via a SharePoint site. Members were advised that there had been full implementation within community district nursing teams of the skin bundle as a key performance indicator with the exception of one team for which training is planned for September 2018. All grade 3 and 4 pressure ulcers will have an investigation conducted by the Tissue Viability Service to review avoidable status, with action plans and education focused on individual team learning.

Dr Hughes referred members to statistical information within his report advised that in 2017/18 the Trust's compliance against the overall skin bundle had been 96%. The overall PU rate had been 1.7 per 1,000 bed days and the total number of pressure ulcers reported across acute sites for the period had been 344 with 43 being grade 3 and 4; and 14 being avoidable.

Discussion took place regarding the data shown and Dr Hughes agreed to reformat the data to make it more user friendly and easier followed.

Dr Brown referred to the number of pressure ulcers reported on Ward 2 and said that this was a more complex patient group. He said there were more patients on this ward that require 1:1 nurse patient care.

Dr Hughes advised members that the data is for wards to own.

Members noted the performance within the report and welcomed the work in this area.

Dr Hughes concluded discussion for commending the work of the Tissue Viability Team.

Corporate Risk Register and Board Assurance Framework

Dr Hughes advised members that there are 22 risks on the Corporate Risk Register as approved at the Governance Committee on 27 June.

He said there were no material changes for consideration for approved at today's Board meeting. He said items scheduled for CMT discussion on 9 July had been

deferred to CMT on 9 August and would therefore come to Trust Board on 6 September.

7/18/9

ANNUAL REPORT 2017/18 ORGAN DONATION

The Chairman welcomed Dr Grace to the meeting to present Trust's Annual Organ Donation report 2017/18.

Dr Grace thanked members for the opportunity to present his report. He outlined to members the work of the Organ Donation committee during the past year. He said policies and protocols pertaining to donation have been reviewed and made available to relevant staff and staff are kept updated on all developments as they arise.

The organ donation training programme continues seamlessly and is delivered to relevant medical and nursing staff. Dr Grace said the training programme enhances the clinical knowledge of staff and contributes greatly to the development of a "donation culture" within the Trust.

Dr Grace outlined the clinical role in respect of donation. He said it is the clinician's role to identify potential donors and to refer these to the Special Nurses. He said the SNOD takes forward the discussion with the family to begin to the assent and donation process.

Dr Grace shared organ donation rates for both donations after brain death and donation after circulatory death. He said that in relation to DBD there had been 15 patients that met the referral criteria and 9 of these patients were eligible donors. 7 families assented to donation and 6 were actual donors. He said there were 17 patients transplanted with 17 organs transplanted with 3.2 organs donated per donor.

In relation to DCD, members were advised that there had been 24 patients who met the referral criteria with 16 referred to the special nurses. He said that the next of kin had been approached in relation to 6 patients and 1 proceeded to donation. Dr Grace said 4 organs were transplanted to 3 patients.

Dr Grace advised members that the number of actual donors and the number of organs retrieved per donation remain robust within the Trust and are in line with national figures. He said most critically is the rate of obtaining assent for donation successfully from next of kin remains excellent as are the rates of approaching next of kin collaboratively. Dr Grace assured members that the overall donation activity remained similar to that achieved over the past number of years thus confirming that donation processes within the Trust remain robust.

Dr Grace said the number of deceased donors in Northern Ireland and Britain has doubled in the past 10 years however the number of patients requiring transplant continues to exceed the number of donors. Dr Grace said the Organ Donation

Committee believes that it is essential that the Trust continues to garner the support and enthusiasm of the population in promoting donation.

To that end Dr Grace referred to the active promotion of organ donation to the wider community. He said initiatives included multiple further articles on organ donation in the local newspapers across the Trust's geography plus radio interviews and very successful promotional initiatives on Facebook, Twitter and the Trust's intranet.

Dr Grace referred to the Committee's facilitation of Derry City and Strabane District Council's involvement in the "Strange Boat" inspired multi-national inter-city gifting of "Life Candle" sculptures to commemorate donors and to promote donation. Members were advised that Limerick City donated to Derry City and Strabane Council, and Derry City and Strabane donated to Melbourne. Dr Grace also advised that the Committee has been engaging with both Derry City and Strabane District Council and Fermanagh and Omagh District Council to assist in promoting donation both in the community and within the workforces of both Councils.

Dr Grace concluded his presentation by referring to ocular tissue retrieval and said the Trust had provided comments to the NHSBT Tissue Services to facilitate them in their deliberations.

Members thanked Dr Grace for his very informative presentation. Mrs Woods asked Dr Grace what the biggest challenge was going forward. Dr Grace said it was targeting those individuals who are indifferent to encourage them to become donors.

718/10

POINT PREVALENCE SURVEY (PPS)

The Chairman welcomed Mrs Cross, Ms Gormley, Dr McGlynn and Dr Armstrong to the meeting.

Mrs Cross thanked members for the opportunity to share the outcome of the Point Prevalence Survey. She said the survey is carried out every 5 years and its aim is to estimate the total burden of HAI and antimicrobial use in acute care hospitals and to measure the overall prevalence of antimicrobial prescribing and types of antimicrobial prescribed as well as compliance with local policies. The survey also seeks to identify priority areas for future interventions to prevent and control HAI for antimicrobial stewardship and for future targeted incidence surveillance of HAI and to disseminate the PPS results to those who need to know at local, regional, national and European level to identify problems and set up priorities accordingly.

Mrs Cross advised that the Northern Ireland HAI prevalence rate for 2017 had been 6.1% with the Trust's rate also being 6.1%. It was noted that site specific Altnagelvin's rate had been 6.7% and South West Acute Hospital's rate had been 5.4%. Mrs Cross said the Trust's prevalence rate in 2012 had been 3.42% against the Northern Ireland rate of 4.16%

Mrs Cross shared comparable rates of HAIs in Europe and UK and said that Scotland's prevalence in 2016/17 was 4.5% with Wales being 5.5%.

Mrs O'Kane asked why the deterioration in the Trust's performance and what was Scotland doing that had seen a reduction in its rate. Members were advised that the PHA is examining its regional strategy and priorities for Northern Ireland these will be communicated to the Trust in due course. Dr Hughes advised that the Scottish Government has placed huge focus on HAI. He said there are doctors who need more learning on antimicrobial prescribing and the Trust will look at this.

Mrs Cross continued with pneumonia HAI. She said that for 2012 the Trust's Pnu rate had been 0.9% and in 2017 the Pnu rate had been 2.6%. Mrs Cross said the Trust has some work to do on improving this rate. Dr Hughes advised that the Trust has not look at pneumonia rates but that will change going forward. Mrs Cross said that projects and improvement plans are being put in place to improve performance and this is work in progress.

The Chairman asked how much was prescribing related to HAI. Ms Gormley advised that by changing the patient's kardex to note a review of antibiotics after 3 days could improve infection rates.

Dr McGlynn advised that antibiotic prescribing is not the case of pneumonia but that this HAI needs to be managed. He said the diagnosis of pneumonia is down to clinical/imaging diagnosis as there is no definite laboratory test as in other HAIs. Mrs Cross said that a change in very simple nursing care can reduce the number of patients with hospital acquired pneumonia.

Dr McIlroy asked if it would be possible to link with Scotland to identify lessons to be learned. Mrs Cross said that there are links with Scotland and that the Trust and Scotland are both part of the IP Society. In addition, Mrs Cross advised members that the Trust had brought the only antimicrobial nurse over from Scotland and there are plans to bring her back.

Mrs Cross continued by sharing surgical site infection rates and said in 2017 the Trust's rate had been 1.1%.

Mrs Cross continued by advising members that the highest percentage of HAI in the Trust related to surgery. She said that in Altnagelvin Hospital Ward 2 had the highest number of HAIs, with it being Ward 7 in the South West Acute Hospital. In Altnagelvin Hospital, Ward 5 had the highest number of HAI pneumonia cases.

Mrs Cross referred to HAI rates and devices and said that for all types of devices included in the survey, the prevalence of HAI was greater when a device was present.

Ms Gormley continued the presentation by sharing statistics in relation to the number of patients receiving antimicrobials in Northern Ireland. It was noted that the figure in 2012 was 29.51% against a figure of 36.32% in 2017. Similarly the number of

patients in the Western Trust receiving antimicrobials in 2012 had been 28.96% and in 2017 40.11%.

Ms Gormley shared statistics in relation to antimicrobial reviewed within 72 hours and antimicrobial prescribed not per local policy.

In moving forward Mrs Cross outlined a number of actions to be taken forward. She said these included the Trust reinforcing the use of an antimicrobial stewardship e-learning module available to all healthcare professionals, reinforcement of the PHE Antibiotic Guardian campaign and the Royal College of Physician's top 10 tips for effective antibiotic prescribing. She said antimicrobial stewardship quality improvement projects would continue and a review and update of antimicrobial prescribing guidelines.

The Chairman thanked all present for their informative and comprehensive presentation.

7/18/11

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 JUNE 2018

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 30 June 2018 contained in the papers and stated that members had received the financial performance report for the month ended 31 May 2018 via email.

Mrs Mitchell advised that the report had been redesigned and she hoped that its format was helpful. She reminded members that the Trust had reported a forecast deficit for 2018/19 of £58.8m at the beginning of the year. However, the Trust had received its opening allocation for the year on 29 June 2018 which had revised the forecast deficit to £18.8m. She outlined that the deficit was made up of an authorised control total of £11.4m, £5.8m of emerging cost pressures, £0.5m from the under-delivery of the 2017/18 recurrent savings target and general cost pressures of £1.1m. She referred to Table 1 of the report and highlighted that the Trust has been allocated a savings target for the year of £13.8m. She then referred to Table 2 and advised that the Trust had been allocated a general savings target of £11.7m which was 27% of the regional total and was in excess of the Trust's capitation and business shares. She advised that the Trust has a pharmacy savings target of £1.8m which is 12% of the regional total and a community/voluntary sector savings target of £297k which has been allocated on a business share basis. Mrs Mitchell advised the Board that it would not be possible for the Trust to achieve these savings without introducing high impact measures and that discussions were continuing with the HSCB/DoH on this issue.

Mrs Mitchell advised the Board that there was a recent financial pressure which had emerged relating to the auto enrolment of staff to the 2015 pension scheme. She said that this affected 950 staff with an annual cost to the Trust of £3.3m and that this issue has been highlighted to the HSCB/DoH.

Mrs Mitchell referred members to Section 2 which documents the off plan position for Directorates. She stated that the Trust was reporting a deficit of £10.5m as at 30 June 2018. She said that there was a shortfall at the end of June against the internal savings target of £1.2m which could equate to an annual shortfall of £4.6m. She also advised that there were unplanned cost pressures in the region of £1.5m which needed to be curtailed. She did acknowledge that there may be funding received for winter resilience and transformation purposes which could cover these costs. Mrs Mitchell highlighted that the PCOP and Women and Children's Directorates were the Directorates most off plan and urged urgent action to retrieve the situation.

Mrs Mitchell referred to Table 4 and highlighted the increase in flexible staffing costs of 16% compared to the previous year. She noted that the medical locum costs at the end of June were £4.8m which could mean they would reach £20m by the end of the year.

In relation to savings plan monitoring information Mrs Mitchell advised that no savings are being reported against the external savings targets of £12m, £203k against the QiCR savings plan and an underachievement of £1.2m against the internal savings plan.

Mrs Mitchell advised that £2.9m had been allocated for Elective Care and £320k had been spent at the end of June.

Mrs Mitchell referred to the Capital Resource Limit being £25.5m with 57% of this being spent on the North Block project.

In conclusion Mrs Mitchell highlighted the key messages for the Board as documented at page 8.

Dr McIlroy commended the report particularly in highlighting the disproportionate split of the general savings target. He said that this level of savings could not be achieved without implementing high impact measures and that discussions needed to continue with the DoH to clarify the position.

Mr Campbell said the report set out the financial challenges for the Trust clearly and queried whether the Board would have sight of the low impact proposals and understand how they have been assessed. Mrs Mitchell advised that the draft Trust Delivery Plan is due to be presented at the next Trust Board meeting and it would contain this detail. Mr Campbell further enquired as to whether the savings were recurrent. Mrs Mitchell confirmed that they are and she expected any in-year coverage of the savings target to be non-recurrent. Mr Campbell said he was concerned about the off plan position of the internal savings target.

Dr Brown said that Service Directors are working on a range of low impact savings proposals for next CMT Financial Monitoring Group and assured the Board of the focus by the Service Directors on this issue.

Mrs Doherty referred to the auto enrolment of staff into the pension scheme and asked how this situation occurred. Mrs Mitchell said that it had only been brought to

the attention of Finance over the past month and it was an issue affecting all Trusts. Mrs McConnell said that it was a legislative requirement and that staff did have the option to opt out if they so wished. The Chairman said this was an issue outside the control of the Trust and was assured that it had been raised with the HSCB/DoH.

7/18/12

PERFORMANCE MANAGEMENT INFORMATION

On behalf of Mrs Molloy, Dr Kilgallen referred members to a paper which provided a summary based on June 2018 performance data, and the actions and improvements taken to ensure delivery of key standards.

Commencing with Unscheduled Care and Delayed Transfers of Care, members noted that the Emergency Department (ED) performance against the 4 hour and 12 hour standards continued to be challenging locally and regionally. In June 2018 Altnagelvin Hospital was marginally off the planned improvement trajectory whilst SWAH was significantly off trajectory. This remains an area of concern for the Trust as it does for other Trusts regionally.

Members noted that:-

- The total number of attendances in June 2018 was 10,829, an increase of 9.8% on the same month last year.
- SWAH 4 hour performance was 60% against a predicted position of 87% ;
- Altnagelvin 4 hour performance was 75%;
- Data from June 2018 shows that 78% attending ED were admitted, transferred or discharged within 4 hours with 64 patients waiting over 12 hours.

Continuing with complex discharge performance from April-June 2018 against the planned improvement trajectory was 81% against a predicted 84%. Members noted that the main reasons for delay are Domiciliary Care, Care Planning and no suitable step down beds available.

Dr Kilgallen referred to improvement actions in this area.

Discussion took place on the safer flow bundle and Dr Brown said he was encouraging its use before the winter. He said this bundle is test nationally and aims to get patients home by 12 mid day. This was welcomed by members.

Members were advised that cancer access standards continue to perform well and the main issues with achievement of the 62 day Standard are:-

- PET CT Scan capacity in the Belfast Trust;
- Access to Endoscopy within the Western Trust; and
- Access to Radiology in the Northern Trust.

In relation to the 14 day breast target members were advised that 276 patients were seen during June 2018 with 99.3% compliance achieved. It was noted that there was 100% compliance in respect of Western Trust patients.

In relation to the 21 day target members were advised that 138 patients commenced treatment during June 2018. There was 100% compliance against the 98% target.

In relation to the 62 day target members were advised that 67 patients commenced treatment during June 2018 achieving compliance of 84% against the 95% target.

In relation to cancer performance against the planned Improvement Trajectory members were advised that against the trajectory the Trust had been 99.3% in respect of the 14 day standard (predicted 100%); 100% in respect of the 31 day standard (predicted 100%) and in respect of the 62 day standard performance had been 84% (predicted 90%).

Mrs Cummings asked how long the Trust would be supporting the Southern Trust for. It was noted that a regional review is well underway and the Trust will continue to support the Southern Trust until the outcome of this review is shared.

Trust Board have been previously briefed on the Improvement actions being taken forward.

Dr Kilgallen advised that the Elective Care position in June 2018 was performing well ahead of the planned trajectory. However, the number of patients waiting had continued to increase from May 2018.

In Outpatients the number of patients waiting >9wks had increased by 100 from end of March 2018 position; the number of patients waiting >52wks had increased by 869 from end of March 2018.

In Inpatient/Day Case the number of patients waiting >13wks had increased by 21 from end of March 2018 position; the number of patients waiting >52wks had increased by 225 from end of March 2018 position.

Dr Kilgallen shared Elective Core Performance against planned Improvement Trajectories. She said the Trust has received an indicative allocation from the HSCB of £2.9m to allow the Trust to proceed with WLI activity for red flags and urgents, diagnostics and AHPs and that some of the non-recurrent funding expected to be made available to take forward a range of these transformation initiatives in 2018/19 would support improvement in a number of service areas.

Continuing with diagnostic services members noted the excellent performance in reducing the number of patients waiting longer than 9/26 weeks for a diagnostic test had continued throughout June 2018. The endoscopy position reflected the growth in the number of patients waiting for endoscopy services. The majority of breaches are in audiology where staffing issues on all sites have impacted on capacity. Members noted that the Waiting List initiative plan was continuing to address audiology waiting times.

Referring to mental health services members were advised that CAMHS was not achieving the planned improvement trajectory in June 2018 as the service had experienced an increase in demand in the first quarter of the year. It was noted the service's performance had seen 61 breaches against a predicted position of 9. The closure of voluntary sector organisations (*school counselling service*) had also impacted on the ability to see new patients and potentially had led to an increase in referrals. Members noted that the voluntary sector organisations are at full capacity and unable to accept further referrals from CAMHS. In addition, there has been a recent rise in emergency referrals/incidents of self-harm over the past few weeks within the Northern Sector.

Members were advised that a number of improvement actions were being taken forward including recruitment to vacant posts; additional capacity through community and voluntary contracts, progressing CAPP implementation. And the Single Point of Entry and Crisis Service have been established.

Dr Kilgallen advised that AMH services are not achieving the planned improvement trajectory in June 2018. However, it has been agreed that going forward a Quality Improvement (QI) approach will be taken to address the AMH 9 week performance target. A Consultant Psychiatrist will lead on the QI alongside the Assistant Director for AMH. This improvement work will conclude with a finalised plan to be in place by the beginning of September 2018.

Dr McIlroy said he was pleased to see the service improvement project had started that he would like to see the CMT involvement in this.

Moving to psychology therapies Dr Kilgallen advised that at the end of June 2018 the service was broadly on track to achieving the planned improvement trajectory. It was noted that significant challenges were being experienced across all service areas mainly due to difficulty in recruiting to vacant posts. It was noted that this was reflected in the performance trajectory that had been developed for 2018/19. In addition the Health and Social Care Board has identified the potential for additional WLI funding which if secured may contribute to an improved position and the led Clinician has been invited to attend CMT to discuss alternative approaches to delivering the psychology service.

Concluding the report Dr Kilgallen referred to dementia services. It was noted that at the end of June 2018 the service was broadly on track to meet the planned improvement trajectory. The number of patients waiting >9wks had reduced marginally in comparison to the same time period last year. The service has secured additional capacity and continues to work with the regional on the development of a new dementia pathway.

In summary, members noted that the Trust is facing a challenging position at the end of the first quarter and there will be continued focus to address a number of areas of concern in Unscheduled Care, Adult Mental Health Services, Psychological Therapies and the Cancer 62 Day Service.

7/18/13

NOTES FROM THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 12 JUNE

Members noted the notes of the above meeting.

7/18/14

DELEGATED STATUTORY FUNCTIONS REPORT, 1 APRIL 2017 – 31 MARCH 2018, INCLUDING CORPORATE PARENTING REPORT [CC3/02]

Mrs McDuff referred members to the Delegated Statutory Functions mid-point report for the period 1 April 2017 to 31 March 2018 including the Corporate Parenting Report (CC3/02).

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

Mrs McDuff shared with members some of the key areas highlighted in the Corporate Parenting report as at 31 March 2018:-

- There is an increase of 25% in unallocated cases within FIS since same reporting period last year.
- The number of children on the Child Protection Register has increased within the last year by 12%.
- There is an increase of 1838 contacts at Gateway for same reporting period last year (23%).
- An increase in the number of UNOCINI's accepted (422) 30%.
- Kinship care is 43% of total Looked After Children population. During the period, 37% of all admissions were to Kinship care (27/73), with 25% of all admissions to Mainstream care (18/73). Therefore 60% of all the admissions to Foster care were to kinship care (27/45).
- Ongoing Quality Improvement Projects throughout the Trust continue to present positive changes and results.

Mrs McDuff referred to professional development within the Directorate in the past year. She said that a Coaching and Mentoring programme for Senior Social Work Leaders was ongoing and there was an increase in the number of staff trained in IHI & Quality Improvement. She added that Quality Improvement was embedded in

Social Work and self-directed Support Training had been carried out at Levels 1, 2 and 3 Trust-wide with a total of 919 staff trained to date. In addition an “Unnecessary Bureaucracy” work plan is in place and a Research and Continuous Improvement Strategy has been implemented.

Moving to the statistical information within the report Mrs McDuff advised that:-

- At March 2018 there are 5,584 children in need. This represents an increase of 25% since March 2017. There were 1,285 cases closed during the period October 2017 to end of March 2018 which indicates significant activity.
- At March 2018, there were 408 children on the child protection register. This represents a 13% increase for the same reporting period last year however there has been a decrease of 3% from September 2017 report period.
- At March 2018 there were 331 registrations on the child protection register, 63 child protection registrations which were re-registrations and 281 de-registrations.
- At March 2018 there were 627 Looked After Children. This is a 56% increase in Looked After Children since March 2011.

Mrs McDuff continued to current and emerging issues for Directorates within the report which included:-

Women and Children’s Services

- There has been an increase in the complexity of young people in care and in the community requiring a wide range of bespoke packages with 24 hour wraparound support.
- There has been an Increase in referrals for autism assessments which has led to children and families waiting in excess of 13 weeks of the PFA 13 access target.
- Children and Families are waiting in excess of 9 weeks for CAMH’s Assessment.
- Unregulated placements remain on the Trust Corporate Risk Register.
- Pressures in Foster Care services remain.
- Challenges continue in Early Years in respect of registrations and inspections and the Trust is developing a plan to reduce the current waiting list.

Adult Mental Health and Disability

- There has been a reduction in the number of Approved Social Workers Trust Wide in last year due to age-profile, including retirement of existing ASW staff.

- The Self Directed Support process continues to remain low within Mental Health however a Task & Finish Group has been established to take this forward in 2018/19.
- Self Directed Support is increasing and consistent within Adult Learning Disability (ALD) and Physical & Sensory Disability.
- Accessing Domiciliary Care Provision in a timely manner in Physical & Sensory Disability services continues to create pressure. Capacity with both in-house and contracted out care provision presents particular challenges particularly in rural settings.
- Unallocated cases within Adult Learning Disability have seen an 8% decrease from the number reported at 31st March 2017. Phase 3 of the improvement plan is currently underway.
- Quality Improvement work is underway within Adult Learning Disability LD and the service has continued to develop its approach to PPI.
- Demand for residential short breaks provision continues to grow and existing service provision within Physical & Disability needs developed to accommodate younger people's hopes and aspirations such as further education.
- Sourcing appropriate accommodation/supported living and associated care/support options for complex needs cases.

Primary Care and Older People

- Improvement in supervision levels will be enhanced now that all Band 7 Social Work Managers have been appointed and are in place.
- A Quality Improvement Project is ongoing in Riverview PCOP team and early indications of changes are positive.
- There is a proposed change project to look at different ways of working more effectively in respect of delayed discharges and the role of the Social Work Team/Social Care.
- There continues to be carer shortages in rural areas.

Moving on to the Local Access Safeguarding Report Mrs McDuff reported that following the successful ASG Pilot undertaken within Adult Learning Disability plans were being put in place for up-scaling the approach utilised within the Pilot across Adult Learning Disability in the first instance in 2018/19.

She said there was ongoing work with the Concern Hub Project, an initiative piloted in focused on early intervention and ongoing work in agreeing the terms of reference for LASP.

Mrs McDuff advised that the Trust continues to experience challenges in verification of the accuracy of HSCB returns and distinct actions are being taken in the Trust to improve data collection.

Continuing Mrs McDuff referred to the Regional Emergency Social Work Service annual report. He said the report was received from the Regional Out-of-Hours Emergency Service and said the Trust would require further assurances from a governance perspective around the Western Trust activity.

Mrs McDuff concluded her presentation by referring to highlights throughout the year across Area Mental Health, Primary Care and Older People, Community Public Health and Family and Child Care.

In concluding her report Mrs McDuff provided assurance to members in respect of:-

- Bi-monthly update meetings are taking place with social work leads;
- Each Directorate has Delegated Statutory Functions as a standing item on its Senior Management Team meetings;
- Local Action planning with Commissioners is taking place; and
- Revised systems for the quality assurance of the delegated statutory functions return have been implemented.

Mrs McDuff recommended the delegated statutory function mid-point report 2017/18 to members for approval.

The Chairman thanked Mrs McDuff for her very comprehensive report and presentation.

Following consideration members unanimously supported the annual report.

7/18/15

ANNUAL REPORT FROM AUDIT COMMITTEE 2017/18

Mr Campbell referred members to the Audit Committee's Annual Report for 2017/18 which provides an overview of the Audit Committee activities for the financial year and sets out how the Committee has met its key priorities.

Mr Campbell referred to the Committee Statement of Assurance. He said the Committee was aware that assurances were provided to the Accounting Officer and the Board from a variety of sources and that the Audit Committee received assurances during 2017/18 from management, internal and external audit, and from other Assurance Committees on risk management processes etc. Based on this Mr

Campbell said that the Audit Committee was satisfied that the Trust's system of governance and internal control arrangements are adequate and satisfactory.

Mr Campbell concluded by thanking Mrs Mitchell, Mrs McCauley, Dr O'Mullan and Mrs Doherty for their support and hard work throughout the year.

Following consideration member's unanimously approved the annual report.

7/18/16

MINUTES OF GOVERNANCE COMMITTEE HELD ON 27 SEPTEMBER 2017, 13 DECEMBER 2017 AND 27 MARCH 2018

Members approved the minutes of Governance Committee meetings held on 27 September 2017, 13 December 2017 and 27 March 2018.

7/18/17

TENDER AWARDS

There were tender awards for consideration.

7/18/18

TRUST FUNDS

There were no Trust Funds for consideration.

7/18/19

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

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

7/18/20

ANY OTHER BUSINESS

There were no further items of business.

7/18/21

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 6 September 2018 at 10.00 am in the Boardroom, Omagh Hospital and Primary Care Complex.

**Mr N Birthistle
Acting Chairman
6 September 2018**