

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 6 December 2018 at 10 am in the Denis
Desmond Room, Trust Headquarters**

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

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

Mr K Downey, Deputy Chief Executive
Ms K O'Brien, Director of Adult Mental Health and Disability
Services
Dr B Brown, Executive Director of Nursing/Director of Primary
Care and Older People's Services
Mrs G McKay, Director of Acute Services
Ms D Mahon, Interim Director of Women and Children's
Services/Executive Director of Social Work
Dr D Hughes, Medical Director
Mrs A McConnell, Director of Human Resources
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

11/18/1

CONFIDENTIAL ITEMS

11/18/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the December meeting of Trust Board in Londonderry.

He referred to a report of his business from the last meeting.

- Commencing, the Chairman began by welcoming Ms Deirdre Mahon who took up the post of Interim Director of Women & Children's Services/Executive Director of Social Work on 1 December.

He said Ms Mahon would undertake this role to allow Mr Downey, Deputy Chief Executive, to lead the Pathfinder Initiative for the Trust.

Members were advised that Trust Board will be updated formally from January 2019 on the progress being made by Mr Downey and the governance and user participation structures are being finalised presently.

The Chairman said he would circulate a short news leaflet on the Pathfinder Initiative to members following the meeting.

- On 2 November the Chairman was delighted to attend the Trust Social Care Awards.

The Awards event was organised to acknowledge the outstanding contribution and dedication shown by the Social Care workforce employed within the Trust and to recognise their importance.

- On Tuesday, 4 December the Chairman attended a Carers Carol Service in Enniskillen.

The service was an opportunity to thank all the carers for the support they provide on a daily basis to their loved ones. Their contribution is immensely valued by the Western Trust.

- The North West Cancer Centre at Altnagelvin Hospital marked its two-year anniversary on week commencing 3 December.

Since opening at the end of November 2016, the Centre has treated over 900 patients from the Western Trust area, parts of the Northern Health and Social Care Trust area and patients from north Donegal.

Services within the North West Cancer Centre are now fully operational across a number of tumour sites including prostate, breast, lung, bowel, bladder and head and neck and lymphoma. A number of palliative treatments are also being delivered locally, including the recent implementation of offering emergency radiotherapy treatments.

Earlier this year the centre implemented the latest treatment imaging technology, including iterative cone-beam CT (iCBCT) and 4D cone-beam CT (4D-CBCT).

In addition to radiotherapy development, the North West Cancer Centre also continues to deliver advanced chemotherapy techniques. The Sperrin Suite, which provides day care treatment for oncology and haematology patients has also treated patients with the newest forms of targeted anti-cancer therapies,

including immunotherapy. These therapies can be more effective and have less associated side effects than some standard forms of chemotherapy.

11/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to her quarterly report and said she would email this to members. However, she referred to a number of issues within her report which included:-

- During September Ophthalmology Services at Altnagelvin Hospital had its first ECHO call networking with over 40 high street Opticians. ECHO allows clinical experts to connect with Primary Care clinicians to build knowledge, skills and confidence to manage Ophthalmic conditions within our communities. There are further calls arranged over the coming months. This is an example of collaboration and co-production at its finest.
- The Health and Social Care service is about to embark on an unprecedented programme of change as identified through *Systems not Structures*, (2016) and *Health and Wellbeing 2026*, (DoH 2016). The Trust is delighted to be one of 2 Trusts regionally to be undertaking a prototype within District Nursing called "Neighbourhood District Nursing".

The aim of the Neighbourhood District Nursing model of care is based on a District Nursing team which will be an integral part of the enhanced multi-disciplinary primary care team. This team takes a public health approach, caring for a designated population, aligned to GP Practices, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

The area District Nursing identified is in Limavady and the work is in the early stages of development. Bernie Michaelides is the project lead working in collaboration with Primary care colleagues in taking this exciting venture forward.

- The Children's Autism service continues to receive an increasing number of referrals for both assessment and intervention. During the first 7 months of 2018/19 there has been a 29% increase in referrals for assessment and a 14% increase in referrals for intervention. The service recently undertook a Service Improvement Project to review the autism assessment process and look at possible new ways of working to reduce waiting times.

A revised process is now in place and is working effectively however the demand for service provision currently outstrips the capacity of the team.

- The HSCNI vision is for a digital record-in-common for every citizen in Northern Ireland that facilitates their health and wellbeing throughout their life, built on a digital platform that streamlines services and patient/client journeys and links

information across primary, secondary, community and social care. This is referred to as the Encompass Programme.

- Communications hosted 3 Social Media Training days for CMT and advanced social media users within the Trust. In total 52 staff attended the 3 sessions. Feedback has been positive around the training and Communications is preparing to roll out the social media training programme for staff across the Trust in 2019.
- The Adult Learning Disability communications strategy was completed and approved by the Involvement Advisory Board in September 2018. The strategy was launched alongside the new ALD Online Hub on the Western Trust website and Communications are delivering presentations on the strategy and the online hub to all five local involvement groups in November 2018. This can be viewed at www.westerntrust.hscni.net/services/2024
- Mass casualty plans have currently been reviewed in relation to a mass casualty incident and a revised suite of plans have been approved by CMT in November 2018.

In conjunction with City of Derry Airport (CODA) and multi-agency partners, the Trust participated in a live exercise on Wednesday 7 November 2018. The exercise was known as “Operation Nighthawk”.

With the assistance of NIAS and voluntary organisations, simulated casualties from CODA were transferred to Altnagelvin Hospital in order to test and validate the hospital response. A Friends and Relatives and Survivor Reception Centre were established at the airport and social work staff attended to provide welfare support and documentation.

11/18/4

APOLOGIES

Apologies were received from Mrs S Cummings, Non-Executive Director.

11/18/5

DECLARATION OF INTERESTS

There were no declarations of interest.

11/18/6

MINUTES OF PREVIOUS MEETING

The Chairman referred to the minutes of the previous meeting held on 1 November 2018.

Dr Brown asked that one addition be made to page 8, fourth para which read “He said that domiciliary care has exceeded expenditure ...” should now read “He said that domiciliary care had exceeded anticipated expenditure”.

Subject to his change, the minutes of the public meeting were agreed as a true and accurate record of discussion.

11/18/7

MATTERS ARISING

There were no matters arising.

11/18/8

QUALITY AND SAFETY

Patient Story – Primary Care and Older People

The Chairman welcomed Mr William Sharkey, a resident from William Street Nursing Home, and Mr John McGee, Care Assistant.

With a focus on a great place to grow old, Mr Sharkey was asked to tell his story about his time and experience under the care of the Western Trust.

Mr Sharkey described to members that following a fall at the end of May 2018 whilst out doing his shopping he damaged his hip and was admitted to Altnagelvin Hospital for rehabilitation. Following this he was moved to Rectory Fields to continue his recovery.

Speaking about his experience Mr Sharkey said the care he received at Altnagelvin Hospital and Rectory Fields was first class. He described how he used to live in a 3 story house with my brother. Mr Sharkey said that following his rehabilitation care at Rectory Fields he did not want to return home and he was delighted to be offered a longer term residential placement at William Street. He said William Street feels like home.

When asked by Trust Board what the most important thing for him was as he grew older Mr Sharkey said it was about having a place to live and with good company. He said he had made so many friends in William Street and that staff went out of their way to help him.

Mr Magee said it is important that people we care for as they grow old feel safe and secure in a caring and supportive environment which what we strive to provide in our Home.

The Chairman thanked Mr Sharkey for taking the time to meet with members and to share his story and his great sense of humour.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Mr Downey provided members with an update in respect of the above.

He said the Department of Health held a meeting on 16 November 2018 with representatives from the Trust oversight committees to provide an update and overview on the work completed to date across the 9 workstreams and 7 sub-groups.

Members noted that the Trust submitted to the Department of Health a benchmark assessment of its position in relation to bereavement and post mortem related recommendations contained in the Inquiry Report for review by the Death Certification and Bereavement Workstream.

Mr Downey advised that the chairs of the Duty of Quality Workstream and the Clinical and Social Care Governance Sub-Group attended the Trust's Hyponatraemia Project Board on 27 November 2018 where they provided an overview of the work to be undertaken by the 2 groups and the approach they would like to take in moving this forward.

Mr Downey concluded that the Trust continues to actively participate in the regional work programme and also to work internally to progress implementation of the recommendations. The recommendations have been reviewed and actions have been updated to reflect progress to date.

Infection Prevention and Control Update

Dr Hughes provided members with an update in respect of infection prevention and control update.

He reminded members that the Department of Health had issued healthcare-associated infection (HCAI) reduction targets for 2018/19. For Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 5 cases. That is the same target as was required last year and one case more than the number actually reported in 2017/18.

The Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 56; a reduction of eight cases or 12.5% compared to last year.

In response to the O'Neill Review on Antimicrobial Resistance, Dr Hughes said the United Kingdom had adopted 2 ambitions in relation to human health, ie to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs).

As of 2018/19 the DoH has introduced targets for reducing healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. It was noted that the Western Trust is expected to achieve one fewer case in 2018/19 (49 cases) compared to the baseline figure of 2017/18 (50 cases), which equates to a reduction of 2%.

Dr Hughes continued by advising that since the beginning of April 2018 7 MRSA bacteraemia cases had been reported. Six were categorised as community-associated as they occurred less than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]) and one case was classified as healthcare-associated as it occurred more than 48 hours after admission. As such, Dr Hughes explained that the reduction target set had been exceeded and could not now be achieved.

As of 28 November 2018, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:-

Altnagelvin Hospital – 23 days

South West Acute Hospital (SWAH) – 1019 days

Omagh Hospital & Primary Care Complex (OHPCC) – 1408 days

Members were advised that a root cause analysis (RCA) was carried out on the most recent hospital-associated MRSA bacteraemia. The RCA Review Team deemed that the MRSA bacteraemia was preventable. Dr Hughes said learning had been identified by the ward staff and a number of actions were being implemented. He added that the case would be reviewed at the relevant Mortality and Morbidity meeting.

Continuing with *C. difficile* Performance members were advised that so far this year 39 cases of *C. difficile* had been reported. It was noted that 22 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the PHA). However, this is not always an accurate predictor of being healthcare-associated. The remainder (17) were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Moving to GNB performance, members were also advised that so far this year 32 healthcare-associated GNB cases had been reported. Therefore, the Trust is currently on track to meet the target, with a cumulative reduction of 3.99%.

Dr Hughes referred to a Norovirus Outbreak in Ward 42, Altnagelvin Hospital. He said that Ward 42, Altnagelvin, had been closed to new admissions for 7 days and was partially closed for a further 2 days due to a confirmed outbreak of Norovirus. A total of 15 patients and 6 staff reported symptoms of diarrhoea and/or vomiting during the outbreak.

Discussion continued on orthopaedic surgical site infection surveillance. Dr Hughes said that the SSI rate remained less than 1% of all surgery however that had been an increase for quarter 2 of 2018. Members were advised that a meeting had taken place to review the cases and actions had been put in place in order to reduce the rate.

Dr Hughes advised members that Flu A is in the community and that Altnagelvin Hospital was challenged in respect of the availability of single rooms for patients. Dr

Hughes confirmed that flu vaccination rates were much improved on last year's performance, however still falling short of our target.

Mrs Woods sought clarity in respect of the care bundle associated with *C. difficile*. It was noted that the care bundle looks at nursing care, antibiotic prescribing and the spread of *C. difficile* from health care professional to patient transfer.

Dr McIlroy commended the performance in respect of *C. difficile* and said that it was commendable that out of 22 cases 4 had been preventable.

Discussion took place on the ARC initiative; point prevalence survey and bundle scores.

Environmental Cleanliness Update

Dr Brown referred members to the environmental cleanliness report for the period July – September 2018.

Referring to bi-monthly reports Dr Brown advised that overall compliance had been 87%, 92% and 92% over the period. He advised that there were 5 wards which had not completed both audits during the period however assured members that this would be discussed with ward managers.

In relation to quarterly audits members were advised that compliance for the second quarter was 90% with no ward receiving a score less than 75%. Dr Brown said that 7 areas had not completed their quarterly audits and these would be followed up.

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 80%. Dr Brown said this was on schedule for the end of the 6 month compliance.

In respect of managerial audits Dr Brown said 44% of audits had been completed. He said the 9 areas that scored less than 75% but that an improvement plan was in place where necessary to improve audit scores.

Corporate Risk Register and Board Assurance Framework

Dr Hughes advised members that there were 23 risks on the Corporate Risk Register as approved at Trust Board on 4 October 2018.

Dr Hughes referred members to a new corporate risk regarding the risk that the required progress in the delivery of the Transformation Programme of HSC Services is not made. He outlined the descriptor for the risk. Following consideration members approved the addition of this risk. It was noted that the Trust is in discussion with the DoH and HSCB about funding of some projects beyond 2019/20.

Discussion took place on risk ID931. It was agreed that this risk would be revisited following the appointment of a new radiologist and when a Consultant Radiographer finishes her training in mid-January 2019.

Discussion took place on risk ID719. It was noted that the Responsible Director will be changed to Ms Mahon. It was also agreed that this risk would be de-escalated so that it is managed at sub-committee level.

11/18/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 OCTOBER 2018

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

Mrs Mitchell advised that the Trust is reporting a forecast deficit of £24.4m which the DoH has agreed to cover with an agreement that the Trust will develop a 3 year recovery plan commencing in April 2019. Mrs Mitchell advised that the deficit is made up of under-delivery of savings and new emerging cost pressures.

Mrs Mitchell referred to Table 2 on the savings target and advised that the Trust had committed to delivering in-year low impact savings amounting to £3.5m. She advised that there remains a gap of £700k against this target and work continues with the Directorates.

Mrs Mitchell reported that the deficit at 31 October 2018 was £13.2m which was a deteriorated position compared to the previous month. She advised that there are a number of cost pressures which are resulting in an off plan position and these include domiciliary care and nursing/medical agency costs.

Mrs Mitchell referred members to Table 3 and highlighted that the Acute, Women & Children's and AMHD Directorates had increased their overspend from previous months.

Mrs Mitchell referred to Table 4 outlining the other pay costs and referred members to two additional tables which provide information in terms of medical agency costs. She highlighted that medical locum costs are forecasted to reach £21m by the end of the year.

Mrs Mitchell referred to Section 3 and the commitment by the Trust to deliver on £3.5m of low impact savings. She advised that the plan is still short by £700k.

Mrs Mitchell referred to Section 4 on Elective Care and Section 5 on the Capital Resource Limit.

Mr Campbell asked whether the Trust would report a deficit in its annual accounts of £24m and he expressed concern about the reputational risk. Mrs Mitchell advised that the Trust had authority from the Department of Health to incur this level of deficit and expectations were that this would be retrieved over the financial recovery period of 3 years.

Dr O'Mullan enquired as to whether other Trusts would be presenting a balanced budget. Mrs Mitchell confirmed that all the other Trusts are expected to breakeven in 2018/19. Dr O'Mullan enquired as to how new cost pressures and savings targets would be handled from 2019/20 onwards given the financial recovery process. Mrs Mitchell advised that these would be the subject of further discussions in the future.

The Chairman asked is there an acceptance by the Corporate Management Team that savings can still be made. Dr Kilgallen stated that there is still a need to drive out inefficiencies and waste.

Dr McIlroy stated that it is a very challenging plan to recover the position over a 3 year period. Mrs Woods welcomed the approach over a multi-year period.

Dr O'Mullan said that it will be challenging and there is a dependency on transformation happening across the region.

Mr Campbell asked about the previous financial review process known as SRaFA and asked about its outcomes. Mrs Mitchell advised that it had been a positive experience however it was very much focussed on financial processes as opposed to generation of savings.

Mr Campbell asked for information to be provided to him in respect of the expenditure on agency relating to categories other than medical and nursing. Mrs Mitchell agreed to provide this directly to him.

Dr O'Mullan asked whether there was evidence of inefficiencies. Mrs Mitchell advised that there is benchmarking data which indicates the areas which the Trust will focus on during the financial recovery period.

11/18/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the month ending October 2018 for information.

She said her presentation today would focus on month 7 performance against performance improvement trajectories which have been agreed with HSCB, and provide additional information on unscheduled care and waiting list initiative measures.

Commencing with unscheduled care and performance against the 4 hour standard Mrs Molloy advised members that the Trust's overall performance for the period April – October 2018 had been 77% on average. Performance was 74% in Altnagelvin Hospital and 69% in the South West Acute Hospital over that period. She said this was well below the predicted performance of 80%. She advised that SWAH was significantly below the predicted level and that this was the primary reason the Trust was off plan against this trajectory.

Mrs Molloy provided unscheduled care data for the 2 hospital sites for October 2018, correlating attendances, admissions, length of stay, delays in discharge and 4hr/12hr performance levels compared to October 2017. She commended the excellent performance attained across the Altnagelvin hospital site, which showed that despite a significant increase in attendances of 13%, the number of patients admitted and their length of stay had reduced, and 4 hr performance had improved by 6%. The increased attendances at SWAH ED of 8% had also resulted in reduced admissions, but length of stay had increased by over half a day and delayed discharges had doubled, with a very significant deterioration in the 4 hr performance at this hospital site.

Mrs Molloy provided information on the increase in attendances at both hospital sites, and members were advised that during April – October there had been a 6.9% increase in ED arrivals to the Altnagelvin ED compared to the previous year, with the predominant increase in Category 1 and 2 patients. With regard to the South West Acute Hospital, members were advised that during the same period there had been a 8.4% increase in ED arrivals compared to April – October 2017, but that there was a decrease in category 1 and 2 and predominant increase in category 3 and 4 patients.

Mrs Molloy said the Trust was looking at these statistics with HSCB to determine if there is a shift in demand from primary to secondary care compared to previous years, and if this correlated with primary care gaps in provision at peak times. She said that if this is the case discussions need to take place with the HSCB about funding for the increased level of demand.

Mrs McKay said another issue requiring analysis is the information that trauma patients from the Northern Trust area are coming directly to Altnagelvin as opposed to the Northern Trust initially.

Mrs Molloy shared with members a programme of work to manage unscheduled care activity. She said that resilience/winter planning oversight meetings are taking place weekly to support services during this period of additional operational pressure. She said there is continued focus on optimising discharge both simple and complex in the 2 acute hospitals.

Mrs Molloy referred to the recovery/improvement plan being developed for the South West Acute Hospital. She said that the plan had a local improvement focus and would see the development of an early model of ambulatory care and the continuation of work locally on the SAFER flow bundle. She said the plan would also look at discharge process and capacity in the community.

Mrs Molloy also advised that enhanced operational arrangements have been put in place with Dr Brown and Mrs McKay chairing weekly meetings.

Referring to the regional position Mrs Molloy advised that despite this backdrop, the Trust's performance against the 4 hour standard had been joint best in Northern Ireland at 76% against the average regional performance of 72%. In respect of 12

hour breaches it was noted that the Trust had the lowest number of 173 against the regional total of 1,628.

Mrs Molloy continued with complex discharges. She said that performance against the standards that complex discharges will take place within 48 hours, the Trust's overall performance had been 80% against a predicted performance of 86%, which was disappointing given the programme of work which the Trust had embarked on to deliver an improvement in this standard. Mrs Molloy explained that a number of initiatives had been delayed in their delivery but would come on stream in time for the winter period and Service Directors are working to progress plans for step down beds and in-reach to hospital from community services.

Moving to performance within cancer services, Mrs Molloy said that in relation to the 14 day and 31 day standards, the Trust's performance for the period April – October had been excellent with 100% and 99.4%, and in line with the agreed trajectory. In respect of the 31 day standard it was noted that there had been one breach.

Against the 62 day standard the Trust's performance for the period April – October had been 83%. Mrs Molloy continued to outline issues with regard to achieving the 62 day access standard in respect of access to GI diagnostics, urology pathways and access to PET scan, and advised that the Trust would meet with HSCB in the coming week on the difficulties arising in meeting the standard, so that joint work could be planned to address these specific areas.

Mrs McKay advised that she would be meeting with her counterpart in the Northern Trust to discuss issues around diagnostics for urology patients.

Mrs Molloy continued by referring to elective access and said that the Trust's performance for October 2018 against the standard for first outpatient appointment had been 29% with some 25,476 patients waiting longer than 9 weeks and 12,811 patients waiting longer than 52 weeks. In respect of inpatients/day case, Mrs Molloy said the Trust's performance had been 35% with some 11,468 patients waiting longer than 13 weeks and 4,967 patients waiting longer than 52 weeks.

However, she said that against the improvement trajectories agreed with HSCB, the Trust had met or exceeded the commitments for month 7.

Mrs Molloy outlined the IPDC specialities that did not meet their predicted performance for April – October which included ENT, gynaecology, urology and general surgery. Mrs Molloy said that Ophthalmology was the primary Outpatient speciality which was well below its predicted performance level.

Mrs Molloy then provided members with an update on waiting list initiative work. She said the inhouse waiting list plan was broadly on target however the independent sector WLI was behind plan. She said that the reasons for this were that there was reduced capacity declared by the provider. She added that the majority of patients had been transferred and some had been treated already and said that an additional tender had been awarded for ENT and that there was potential for other specialities to secure IS capacity.

Members were advised that the AHP WLI plan was progressing well and the psychological therapies WLI plan is moving ahead with limited inhouse capacity.

Mrs Molloy referred to the performance improvement trajectory in relation to mental health services. She referred to CAMHS and said at the end of October there were 47 patients waiting against a predicted position of 0. Members noted that the position had continued to improve. Mrs Molloy advised that the HSCB had acknowledged the increase in demand from April 2018 to October 2018 at over 30% in comparison with the same period last year, and that HSCB had agreed to lead on regional work on this matter.

In respect of the 9 week access target in relation to mental health services, members were advised that there were 537 patients breaching this target. It was noted that the predicted position was 470. Mrs Molloy said that workforce issues continued to be a challenge. She said the service has agreed a Quality Improvement approach to address the 9 week performance standard which is being led by the Assistant Director and the clinical psychology lead in the Trust. She said workshop were taking place with weekly meetings to focus on recovery in year. Mrs Molloy said her Directorate would continue to work closely and support the service with this improvement trajectory.

Referring to Dementia services, members were advised that at the end of October there were 57 patients breaching the 9 week access standard. It was noted that the predicted position was 165 patients. Members noted an improved position from March 2018 with a decrease in the monthly breaches due to increase in memory nurse capacity, and that it had been agreed that the Trust and HSCB would review this trajectory in the next quarter due to the sustained improved position.

In relation to psychological therapies members were advised that at the end of October there were 591 patients breaching the 9 week access standard. It was noted that the predicted position was 562, and that this position had declined from March 2018 with psychology staff recruitment challenges impacting on performance across all areas. Members were advised that a waiting list initiative bid has been submitted to the Health and Social Care Board and a response is pending.

Concluding her presentation Mrs Molloy provided members with a summary of the key issue from today's presentation – a mixed position in relation unscheduled care, elective sustaining performance against trajectories; good progress on waiting list initiative plans in scheduled care, AHP and mental health and the position on delayed discharges and unscheduled care remains largely unchanged. A focus on long term improvements to address workforce and demand issues in respect of mental health issues supported by limited WLI.

Discussion followed Mrs Molloy's presentation in respect of the independent WLI. Members expressed their disappointment that not all the funding could be spent. It was noted that while support had been provided in a planned way throughout the year for Inhouse WLI, funding for Independent sector WLI had been released later in the year. Members asked about the potential to secure capacity in

Rol and Mrs Molloy advised that HSCB were undertaking a full procurement exercise currently for the region.

Members were invited to make comment on Mrs Molloy's presentation.

Dr McIlroy said there are inefficiencies and one is the delays relating to non-complex discharge. He said that this issue is within the control of the Trust and should be improved. Dr McIlroy said that 65% of non-complex discharges still take between 5 and 9 hours and encouraged the CMT to improve this.

Dr McIlroy referred to increased attendances in ED in SWAH of 11% and an increase in category 3 and 4 patients. He said that there is a requirement for more focussed work in SWAH which should include the introduction of an ambulatory care model, which appeared to have significant benefits.

Mrs McKay referred to non-complex discharges and said that quite often the difficulty is around families collecting their relatives/friends from hospital. She said that the data available showed that some patients are ready to be discharged, but are waiting to be collected. It was also noted that when the Hospital Ambulance Liaison Officer is present within ED this adds to the efficiency of flow within the ED. Dr McIlroy said the data in relation to these issues would be coming to the next meeting of the F&P Committee.

Discussion continued on the collection of patients from hospital and it was agreed that the Trust needs to identify other measures to move patients from the ward. The introduction of discharge lounges was discussed. It was noted that an expected date of discharge should be agreed early with patients so that families can be prepared for early in the day discharge.

The Chairman thanked Mrs Molloy for her very comprehensive presentation.

11/18/11

FINANCE AND PERFORMANCE COMMITTEE – NOTES OF MEETING HELD ON 30 OCTOBER 2018

Dr McIlroy referred members to the notes of the Finance and Performance Committee held on 30 October for information. He referred to the work of QICR and the excellent work being undertaken regarding medical workforce recruitment and reform project.

11/18/12

TRUST DELIVERY PLAN

Following consideration members unanimously approved the draft Trust Delivery Plan for onward submission to the Health and Social Care Board and Department of Health for their consideration and approval.

11/18/13
POLICIES

- Alcohol and Drugs in the Work Place
- Social Media
- Fraud Policy and Response Plan
- Bribery Policy and Response Plan

The above policies following consideration were unanimously approved by members.

11/18/14
TENDER AWARDS

There were no Tender Awards for consideration and approval.

11/18/15
TRUST FUNDS

There were no Trust Funds for consideration and approval.

11/18/16
ANY OTHER BUSINESS

There were no further items of business.

11/18/17
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 10 January 2019 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
10 January 2019**