

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 7 February 2019 at 10.00 am in the Boardroom, Omagh Hospital and Primary Care Complex, Omagh

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director
Mrs S Cummings, Non-Executive Director
Mrs J Doherty, 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, Deputy Chief Executive
Dr D Hughes, Medical Director
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
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting

IN ATTENDANCE

Mr C Gentile, External Support
Mr T Cassidy, Assistant Director Women & Children's Services
Mrs M Ward, Assistant Director of Human Resources
Mr O Kelly, Head of Communications
Mr and Mrs Henry
Mrs M Mulligan, Head of Service Learning Disability
Mrs M McGinley, Office of the Chairman/Chief Executive

2/19/1

CONFIDENTIAL ITEMS

2/19/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the February meeting of Board in Omagh

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

- The Chairman began by referring to the Trust's growing financial challenge and the increasing difficulty to deliver on annual savings targets. He said this year was no different and the Trust would be reporting a deficit in its accounts in the region of £24.4m.

On 4 February the Trust was joined by Mr Colin Gentile who has extensive experience of working with NHS organisations that have faced similar challenges. Mr Gentile's role will be to examine data and information on our services and meet with and listen to staff before advising on opportunities to improve how we manage our resources. Trust Board will be kept updated on this work as we progress on this programme.

The Chairman said that challenging as this will be, this is an opportunity to gain time and specialist support to examine and improve the organisation.

- On 21 January the Chief Executive and Chairman had their mid year accountability meeting with the Permanent Secretary and other senior Departmental officers.

Robust discussion took place on the Trust's financial position in 2018/19, the financial outlook for 2019/20, transformation and the Pathfinder Initiative. The Chairman added that while the Chief Executive confirmed that while the financial situation was a priority, she made it clear that this was not just a financial issue.

The Chairman said he advised that the Trust Board is taking the financial situation very seriously and is committed to ensuring it provides services in a better way. It is important for staff to apply financial rigour and good clinical governance and that while good financial housekeeping is vital, so is improvement and transformation.

The Chairman added that the Chief Executive also explained that the Trust Pathfinder Initiative is important in determining how to meet the needs of our population and the Pathfinder approach has been well received within the community with broad support from political colleagues. The Chairman said he believed the Pathfinder and the Primary Care Multi-Disciplinary Teams approach provided major opportunities to move forward.

- On 25 January the Chairman was delighted to attend the official opening of the Foyle Child Contact Centre in Londonderry.

Members noted that the Foyle Child Contact Centre provides a relaxed neutral environment, where parents and children who no longer live together, can meet and spend time in each other's company in warmth and comfort.

2/19/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to her quarterly report and said that she would email this to members for their information.

Dr Kilgallen referred to a number of issues:-

- Members were advised that the first phase of the North Wing building was handed over on 29 January 2019. Wards 20, 1 and 3 will shortly move to their new locations. Completion date for phases 2 and 3, 3 additional wards and a new main entrance is scheduled for completion by spring 2020. It was agreed that members would be given a tour of the phase 1 following the next Board meeting.
- Dr Kilgallen advised members that the Trust had reviewed a number of cervical smear tests that were screened and reported at its Pathology Laboratory between April 2018 and June 2018. She said this review was carried out after variances in the reporting of a number of tests were identified during routine performance checks conducted at the Trust's Pathology Laboratory. These standard quality checks are carried out every 3 months, in line with UK best practice.

Dr Kilgallen added that the Trust immediately set up a review team, alerted the Public Health Agency and Department of Health and initiated a review process. As a result of the review, a total of 86 women have been asked to arrange repeat smear test with their GP.

Dr Kilgallen said the stringent quality checks that are in place have reassured us that it was only a certain number of tests within this timeframe that were required to be re-examined.

Members were advised that the Trust has set up a helpline for women who may have any concerns or want further information.

Dr McIlroy commended the Trust for taking the precautionary approach.

- Dr Kilgallen advised that the Sentinel Stroke National Audit Programme showed an improved round of results on both acute hospital sites with SWAH achieving an A score.
- The Trust Human Milk Bank recommenced operation on 5 December 2018.
- The Western Trust has been one of the lead Trusts for the development of a regional appraisal system for Northern Ireland. The pilot phase commenced in December 2018. The first doctor was set up on the system and was able to complete the pilot process with no issues to report. Work has commenced on setting up other doctors on the system in readiness for the full pilot.

- Members were advised that the consultation exercise in respect of Pathfinder has reached over 1,000 people. Recruitment of 5 “experts by experience” across the 5 locality areas in Fermanagh and West Tyrone has commenced and these will be supported in their role by Trust personnel. The PHA has commenced a needs assessment exercise, and themes and ideas area being summarised from the consultation exercises.

2/19/4

APOLOGIES

Apologies were received from Mrs O’Kane, Non-Executive Director, Ms Mahon, Interim Director of Women and Children’s Services/Executive Director of Social Work, Mr Moore, Director of Strategic Capital Development and Mrs McConnell, Director of Human Resources.

2/19/5

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

2/19/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 10 January 2019, having been previously distributed, were approved as a true and accurate record of discussion.

2/19/7

MATTERS ARISING

There were no matters arising.

2/19/8

QUALITY AND SAFETY

Patient Story – Mr & Mrs Henry, Adult Mental Health and Disability Directorate

The Chairman welcomed Mr and Mrs Henry, parents of service users, and Mrs Mulligan, Head of Service Learning Disability, to the meeting.

Mr and Mrs Henry were invited to share their story in relation to their sons, Warren and Bryan.

Mrs Henry shared some family background in relation to her sons who both have learning disability.

Mrs Henry explained that Bryan lived in a nursing home in Dungannon from 1994 until his move to a supported living unit in Tullyrush. Warren lived at home up until August 2016 when he moved to the same supported living unit. It was noted that the supported living scheme is provided by Mencap.

Mrs Henry said Warren and Bryan lived apart for 23 years due to the non-availability of suitable local accommodation to meet Bryan's needs. She said for 23 years she and her husband had travelled the 33 mile journey to see their son and that following a campaign for 20 plus years they were delighted that both their sons were living in the same unit back near their home town, close to them.

Mrs Henry said the facility was home from home and that her sons were very happy there and well cared after.

Mrs Henry said the transition period was challenging for Bryan due to his seizure activity and a period of time was needed for Mencap staff to get to know him. She said while Bryan's Consultant Neurologist was apprehensive as to how the placement could meet Bryan's needs, at his review in May 2018 the Consultant reported that the transformation in Bryan was unbelievable and that the placement meet his needs.

Mrs Henry said that she would like to thank all the staff who brought about the placements including all the Trust social work staff and Mencap staff.

The Chairman thanked Mr and Mrs Henry for telling their story. He said it was a long wait which had ended well for the family.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr Hughes provided members with an update in relation to progress against the recommendations of the Inquiry into Hyponatraemia-related Deaths.

He said dates for the bi-monthly IHRD Trust Oversight representatives meetings with the DoH IHRD Programme Managers and the Trust have now been issued and that the Trust representative at these meetings would be the Medical Director.

Dr Hughes advised that in December 2018 the Department of Health published an update report on progress with the implementation of recommendations. The update report can be accessed on the Department of Health website. The DoH plans to publish progress reports on a quarterly basis.

Members noted that the first meeting of the Training work stream took place on 11 January 2019. The Director of HR is the Trust representative on this work stream which is focusing on recommendations 57, 58, 61, 62; 64 and 65.

The Trust continues to review progress against the recommendations via its project structure arrangements. A copy of the latest version of the dashboard as at 25 January 2019 is within members' papers.

Discussion followed on Dr Hughes' report. Mrs Doherty said that she would like to see a timeline against the recommendations and said she believed families would like to see that too. Dr Hughes said that the timeline is for the DoH to advise.

The Chairman referred to legislative change and the requirement of the Assembly to rule on this. He said that despite this it is very important for the Trust to progress recommendations where it can.

Dr McIlroy welcomed the briefing and said that it is important that members continue to receive the monthly reports to Trust Board.

Mr Campbell referred to his position on a sub group and said that it is important for staff to be open and supported and for their not to be a blame culture.

Infection Prevention and Control Update

Dr Hughes reminded members that the Department of Health has 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 1 case more than the number actually reported in 2017/18 (4).

As of 24 January Dr Hughes noted that the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 80 Days;

South West Acute Hospital – 1076 days

Tyrone County Hospital/Omagh Hospital and Primary Care Complex – 1465 days.

The Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 56; a reduction of 8 cases or 12.5% compared to last year.

Dr Hughes referred members to a breakdown of the healthcare-associated cases by ward. He said that since the last report to Trust Board, which contained figures as at 28 December 2018, there had been 4 new cases of *C. difficile*. Members noted that an RCA is pending for 1 of the cases however 3 were classified as community acquired and 1 hospital acquired.

Dr Hughes referred to learning from root cause analysis and said this was a technique that helped answer the question of why an infection occurred in the first place. He said it sought to identify the origin of the problem using a specific set of steps and tools to determine why it happened and to develop an action plan to reduce the likelihood of it happening again. Dr Hughes referred members to learning from RCAs carried out during quarter 3 2018.

In response to the O'Neill Review on Antimicrobial Resistance, the United Kingdom has adopted 2 ambitions in relation to human health, i.e. to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs). As of 2018/19 the DoH introduced targets for reducing healthcare-associated GNBs, specifically

Escherichia coli, *Klebsiella species* and *Pseudomonas aeruginosa*. The Western Trust is expected to achieve 1 fewer case in 2018/19 (49 cases) compared to the baseline figure of 2017/18 (50 cases), which equates to a reduction of 2%.

Members were advised that since the beginning of April 2018 7 MRSA bacteraemia cases had been reported. 6 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 1 case was classified as healthcare-associated as it occurred more than 48 hours after admission.

In relation to *C. difficile* performance Dr Hughes advised members that so far this year 48 cases of *C. difficile* had been reported. 27 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 (21) were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

With regard to the current GNB Performance, members advised that as of 24 January 2019, 38 healthcare-associated GNB cases had been reported. Therefore, the Trust is currently on track to meet the target, with a cumulative reduction of 8.81%.

Dr Hughes referred to induction/mandatory training. He said that 68 sessions had been delivered by the IPC Team during the period April to December and as at end of December 2,518 staff had attended the training. Members noted that the attendance target for each year is 50% of the total number of staff who require training and the actual attendance rate had been 27.35% for the 12 months ending December, well below the required target.

Dr McIlroy referred to the not insignificant work in relation to RCAs in respect of *C. difficile* and said that it was noteworthy that a third had been community acquired.

Dr McIlroy asked if there was a substitute for proton pump inhibitors. Dr Hughes said there was not a significant focus on these drugs as they are inexpensive and can be bought over the counter. He said by the time the patient is symptomatic in hospital there has already been a bacteria change in the stomach.

Mrs Woods asked if there was any correlation between *C. difficile*, care bundles and outbreaks. Dr Hughes confirmed yes in that transmission from patient to doctor was possible. He said the care bundle also looks at prescribing and this has been superseded by the antimicrobial prescribing work.

Quality Improvement Monitoring Report – Falls

Dr Hughes referred members to a quarterly report in respect of falls. He said while falls continue to be the top incident reported, work continues to raise awareness of falls prevention across all care settings of the Trust.

Members noted that a Trust Falls Co-Ordinator has been appointed and took up post in April 2018. Dr Hughes said the role is to operate within the context of an integrated service model for Falls Prevention and Intervention and outlined the key elements of the role.

Dr Hughes advised that a falls learning collaborative was set up in September 2018 for those inpatient areas with highest incidence of falls. Ward managers from 9 inpatient wards across the Trust identified key nursing staff to attend. The aim of the collaborative is to allow staff time out to explore, learn and interact with other health care professionals to identify causes, risks and ways forward in their own wards/ departments. In addition Dr Hughes said the collaborative will allow staff to access multidisciplinary support and expertise that will allow them to test changes in their wards that may reduce falls.

Dr Hughes said work also continues to report the learning from falls that result in a moderate or above injury to the Public Health Agency (PHA) and also to support and encourage appropriate spread of learning.

Dr Hughes referred members to a table which demonstrated the Falls Rate per 1,000 bed days and the rate for falls resulting in harm (moderate, major or catastrophic). It was noted that for quarter 2 2018/19 the rate per 1,000 bed days for number of falls was 4.40 and the rate per 1,000 bed days for number of falls resulting in harm was 0.04.

Dr Hughes advised that the overall Trust compliance with the Fallsafe Bundle for November 2018 was 95% for Part A and 99% for Part B.

Dr Hughes concluded his report by referring members to the compliance for each adult inpatient ward as demonstrated in the graphs within papers.

Dr Brown referred to this report and said the area of reducing falls was a delivering value ambition. He said that as you grow older the risk of falling increases and that patients admitted to hospital due to a fall or fall while an inpatient, stay 10 days longer. He said that he was pleased to see the number of falls reducing in the Trust.

Dr Brown welcomed the falls collaborative. He referred to performance across a number of wards and said that focus would be sustained to ensure improvement.

Dr McIlroy welcomed the improvements and said that as a Non-Executive Director he welcomed these reports on a quarterly basis.

The Chairman referred to the report and asked would it not be more timely for quarter 3 information to be shared. It was noted that the reporting cycle was in line with the reporting cycle of the PHA.

Mrs Doherty asked if there could be more done in the community to prevent falls. She suggested wider distribution of leaflets.

Dr Brown assured members that the Falls Collaborative covers both the community and acute and said that a specific piece of work is being done in respect of medication. He said the Falls Co-ordinator was leading this work across hospital and community services and that this gave an assurance that the community was also receiving focus.

Mrs Cummings referred to the wide distribution of falls leaflets in the acute setting particularly within the orthopaedic service.

Mrs Woods commended the initiative and asked how easy was it to release staff to attend the learning collaborative. Dr Brown said this could be a challenge for some wards as the needs of the ward must come first.

Mrs Molloy referred to the launch of Derry City and Strabane Council Community Plan where a video was showed on how to get up following a fall. She said this was very useful information and could share it with members for their information.

Corporate Risk Register and Board Assurance Framework

Dr Hughes advised members that there are 26 risks on the Corporate Risk Register as approved at Trust Board on 10 January 2019.

It was noted that there were no material changes for consideration.

2/19/8

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 DECEMBER 2018

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 December 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 highlighted to the Board that she had previously reported that there was a significant risk of the Trust not being able to stay within the £24.4m deficit limit due to increased expenditure relating to Domiciliary Care, Community Equipment and nursing/medical premium costs. She advised that in the interim additional slippage and income had been identified which means that she can continue to advise the Board that the Trust will contain its deficit within the authorised deficit limit of £24.4m.

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 due to additional slippage the gap of £700k has been closed.

Mrs Mitchell reported that the deficit at 31 December 2018 was £16.8m which is an improved position compared to the previous month. She highlighted the reduction has been made as a result of securing additional income and other budget opportunities. She emphasised that it was not as a result of a reduction in expenditure.

Mrs Mitchell referred members to Table 3 and highlighted that the Acute, PCOP and Women & Children's Directorates have decreased their overspend from the previous month.

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 £21.5m by the end of the year. She also highlighted that the Trust had increased by 26.7% its costs on flexible staffing compared to 2017/18.

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

Dr McIlroy said that the financial position had been discussed at the Finance and Performance Committee and that it was heartening to see that the Trust continued to report that it would remain within its authorised deficit of £24.4m given the recent letter from the Permanent Secretary. He referred to the £3.5m savings target and noted that this had been covered by non-recurrent savings and emphasised that there was a need for a radical approach to the 3 year financial recovery period.

Mrs Cummings said that she was aware of the close working relationship between Finance and the Service Directorates.

Dr McIlroy said that transformation was the key to success going forward.

The Chairman queried level of slippage on Elective Care. Mrs Molloy replied that due to Elective Care monies being ring-fenced as part of the Confidence and Supply Agreement there was a responsibility to identify slippage, however she said that it had been agreed with the HSCB to recycle the slippage to other service areas.

Dr O'Mullan queried whether the Trust is confident that it will remain within the authorised deficit limit. Mrs Mitchell replied that based on Month 9 she would continue to advise that this is the case however as long as there were no major unexpected items of expenditure.

The Chairman said it was imperative that the Trust remained within its authorised deficit limit to ensure credibility with the DoH.

Mr Campbell asked whether there was a financial target for the financial recovery period. Mrs Mitchell advised that this is still being discussed.

Dr McIlroy advised that he is still concerned about agency costs and reiterated the need for a regional cap on medical locum rates.

Mrs Doherty asked why Elective Care monies are not allocated earlier. Mrs Molloy said that the Trust did receive early notification for Waiting List monies for In-House however there was a late notification for the Independent Sector.

2/19/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the month ending December 2018 for information. She said her presentation today would focus on escalated issues and performance against trajectories.

Commencing with performance across cancer services, Mrs Molloy said that in relation to the 14 day and 31 day standards, the Trust's performance for the period April – December had been 99.8% and 99.5%. In respect of the 31 day standard it was noted that there had been 7 breaches. Against the 62 day standard the Trust's performance for the same period had been 81%.

In respect of the 62 day standard Mrs Molloy advised that 21 patients had exceeded the 62 day pathway in December. She said that these patients were from a range of specialities but were in the main in urology. Small numbers of patients breached – lung, Gynae, head and neck, upper/lower gastroenterology and skin which members had been given a briefing on at the last Trust Board meeting. Members were advised that there are workforce gaps in oncology, pathology and gastro and this was having an impact on performance.

Mrs McKay referred to lower gastroenterology breaches and said that this would be an increasing problem in future. She assured members that measures were being put in place to manage the situation in respect of a service improvement plan. She said there were also constant workforce gaps in the South West Acute Hospital which was also having an impact however funding has been secured for 2 trainee nurse endoscopists to work in the Southern Sector when they have successfully completed their training. It was noted that the impact of this would take a couple of months to be realised.

Continuing with unscheduled care and performance against the 4 hour standard Mrs Molloy advised members that the Trust's overall performance for the period April – December 2018 had been 75% on average. Performance was 73% in Altnagelvin Hospital and 68% in the South West Acute Hospital. She said this was below the predicted performance of 80%, and that the position was dominated by the fact that the SWAH position was considerably off plan, as Altnagelvin was in line with predicted performance levels, on average, for this period. Mrs Molloy advised she did not have the regional performance for December however at the last meeting of the regional network live information on performance had been shared and Altnagelvin demonstrated a high performing position within the region.

Mrs Molloy shared with members ED attendances based on arrival date and conversions to admission. She said that the information provided was for the period 1 April 2017 – 27 January 2018 and 1 April 2018 – 27 January 2019.

Members noted that for the period Altnagelvin had considerably more attendances at its ED department but there had been a marked drop in admissions. In respect of SWAH, it also had more attendances but had more admissions to hospital and the conversion of ED attendance to admission had increased creating pressure on bed capacity.

Mrs Molloy advised that this information had been shared with the Finance and Performance Committee and demonstrated areas where further drill down is necessary.

Mrs McKay advised members that an early review of the unplanned reattenders showed that these may have been patients who did not wait in ED to be seen and then reattended and that some were patients with mental health issues. She also said the analysis showed the need for provision of appropriate community services.

Dr Brown advised that he was analysing the conversion rate in respect of older people. He said that the number of people over 75 who are admitted to hospital is 60% which is a very significant conversion rate.

Mrs Molloy said the Finance Performance Committee has asked for further investigation in relation to the age profile of the 12 hour breaches.

Mrs Molloy commented on the considerable level of 12 hour breaches during December and said there were a total of 132 in Altnagelvin and 131 in SWAH. The dominating issue for this was bed availability due to lack of flow into an inpatient bed, and the considerable level of delays to simple and complex discharge. She noted that the commitment to reducing complex delays was considerably off plan and that initiatives to address timely assessment and new capacity in the community described at previous meetings had been slow to progress.

Continuing Mrs Molloy referred to performance across inpatients/day case and delivery of the core performance improvement trajectory. She said the actual performance from April – December 2018 was -11% against a predicted position of -8%. Overall, Mrs Molloy advised that all surgical specialties had been impacted by the theatre nursing deficit which had led to the cancellation of sessions and non-backfill of sessions which had been vacated due to leave. She said the challenge of theatre nursing was an issue being felt across the region. She added that the upgrade works in DESU had impacted on a greater number of specialties than originally anticipated. She outlined the specific speciality issues in relation to ENT, Gynae, urology, general surgery and pain management.

In respect of the 9 week access target in relation to mental health services, members were advised that there were 684 patients breaching this target. It was noted that the predicted position was 518. Mrs Molloy said workforce challenges continued to contribute to the backlog position and that PSI staff continued to work with Service to develop a draft recovery plan, identifying short and long term actions. In addition a Quality Improvement Programme led by the Assistant Director Area Mental Health Services and Consultant Psychiatrist continues on a weekly basis with PSI

supporting the diagnostic work by carrying out a detailed analyses on referral priority by GPs, DNA's, triage outcomes, demand, caseload, and discharges. In respect of monitoring and assurance processes Mrs Molloy advised that internal fortnightly service meetings take place to review the current waiting list and progress issues and actions. A monthly trajectory meeting is also in place.

Members were advised that Ms O'Brien attended the Finance and Performance Committee meeting in February to present on this work and it was noted that she will come back to the Committee to share the outcome of the improvement work in due course.

Moving to the CAMHS 9 week performance improvement trajectory, it was noted that 56 people are breaching the standard against a predicted position of 7. Members noted that the number of breaches had increased significantly against the trajectory in December.

Members were advised that from April - December 2018, 1,720 referrals were accepted in comparison to 1,260 referrals accepted for the previous year, cumulatively a 37% increase. Mrs Molloy said a reduction in the number and changes in community and voluntary provision had potentially increased demand for CAMHS services.

However, Mrs Molloy said the service continued to strive towards achieving a zero breach position at end of March 2019 and that meetings with the HSCB CAMHS commissioner to discuss key challenges and a range of actions have been agreed. She added that the Trust has agreed to work with the HSCB on detailed data analysis, focusing on increasing demand/acceptance levels & DNA rates. She added that CAMHS staff confirm all referrals are triaged by a senior clinician and all appropriate referrals accepted and it has been agreed with HSCB not to re-submit the improvement trajectory at this late stage in the year.

Mrs Molloy referred members to a table detailing performance improvement trajectories for dementia services, psychological therapies, elective NOP core and medical imaging. She noted that all of these services were on track to deliver either the same or better than their predicted positions.

Concluding her presentation Mrs Molloy provided members with a summary of the key issue from today's presentation – she said there continued to be challenges in respect of the 62 day cancer target, adult mental health and CAMHS services, elective inpatient/day case and unscheduled care in SWAH and complex discharges. She said that performance was on track at month 9 in relation to unscheduled care at Altnagelvin, elective outpatients and waiting list plan, diagnostics and mental health services in relation to psychological therapies and dementia.

The Chairman thanked Mrs Molloy for her very comprehensive presentation.

FINANCE & PERFORMANCE NOTES – 8 JANUARY 2019

Mrs Cummings referred to the minutes of a meeting of the Finance and Performance Committee held on 8 January 2019 for members' approval. She said that into the future these would be referred to as minutes.

Following consideration the minutes were unanimously approved.

It was noted at the most recent meeting of the Committee on 5 February, discussion took place regarding the recruitment of the peripatetic Allied Health Professionals team. It was noted that this would be brought back to a Corporate Management Team meeting for progress.

2/19/12

PATHFINDER INITIATIVE – UPDATE

Mr Downey sought members' approval for his paper on Pathfinder. He said the report provided introductions and strategic context, the co-production approach to the Initiative, communications and engagement with staff and the public and next steps.

Mr Downey stated that to date over 1,000 people had attended an engagement session and that being in local communities had been very effective. He said the ambition is to reach 2,000 people. Mr Downey thanked the Chairman and those Non-Executive Directors who were able to attend an engagement session.

Mr Downey advised that following the intensive period of community engagement a population health assessment will be completed by the PHA. Following this all the information gathered will be considered to inform service reform and change.

Mr Downey shared some of the key messages and themes to date eg refine patient pathways, workforce, primary care, social care and domiciliary care and transport. Mr Downey said that he would develop a briefing for consideration by the CMT and sharing with Trust Board.

Mr Downey advised members that the Pathfinder Initiative has a project structure in place to drive forward this work and that from 11 February a full team would be in place.

Mr Downey advised that he is in the process of appointing 5 Experts by Experience. He said the application process closed in early January 2019 and the next step is a selection process to be undertaken by the Trust's PPI Forum. Mr Downey said the Expert by Experience will then self-select a chair who will co-chair the Project Implementation Team and each work stream will have a user representative.

Mr Downey advised that the first internal meeting of Pathfinder will take place on 12 February where the Pathfinder team will be joined by the former Pathfinder lead for

the Southern Trust. He said the Chair of the Expert by Experience will also visit the Trust when the time is right.

Mr Downey outlined the work that is being undertaken with schools by the Trust's Volunteer Manager to work with children/young people to promote careers in health and social care in West Tyrone and Fermanagh.

Mrs Woods commended Mr Downey on the work to date. She said she attended one of the local meetings and that it was a good conversation with the local community. She said the community understood very clearly the issues affecting it. She asked if there were actions that could be implemented quickly.

Mr Downey said the work with the local schools has started with meetings with school principals having been scheduled.

Dr McIlroy commended Mr Downey on his comprehensive document and said that engagement to date had been excellent. He said that transformation is key to the success of the Initiative.

Dr O'Mullan welcomed engagement with schools and suggested that this should be extended to Colleges of Further Education in respect of apprenticeships. Mr Downey supported this and said Colleges of Further Education were instrumental to providing training locally.

The Chairman commended the graphics being developed to promote the Pathfinder Initiative.

Following consideration members unanimously approved Mr Downey's paper.

2/19/13

BUSINESS CASES

- Infrastructure for the Transformation Projects
- Blade Server Hardware Refresh
- Cyber Forescout

Mrs Molloy referred to the above business cases which were being presented for approval. She confirmed that they had been considered and approved at the Business Case Review Group on 1 February 2019.

Following consideration members unanimously approved the business cases.

2/19/14

MINUTES OF PEOPLE COMMITTEE – 21 JANUARY 2019

Dr O'Mullan shared with members the Terms of Reference for the People Committee and a work plan for the Committee for 2019/20.

Dr O'Mullan advised that a first preliminary meeting of the Committee took place on 21 January and the minutes of this meeting would come to the next Board meeting for approval.

Dr O'Mullan led members through the detail of both documents.

Mrs McKay referred to the membership of the Committee and asked that Acute Services is represented as a member.

Dr Hughes asked that the NIMDTA allocation is added to the agenda for the February Committee meeting.

Mr Campbell confirmed that he could see no conflict between the Audit Committee and the People Committee.

Mrs Cummings said that very thorough discussion took place at the Committee and said that the work plan be managed to ensure it can be delivered. Dr O'Mullan said the work plan could be reviewed as discussions progress.

Subject to the changes made both the Terms of Reference and Work plan were unanimously approved.

2/19/15

MINUTES OF GOVERNANCE COMMITTEE – 12 DECEMBER 2018

Dr McIlroy referred members to the minutes of a meeting of the Governance Committee held on 12 December for approval.

Dr McIlroy said this was the meeting under the new structure and that he would review the meeting over the next 12 months.

Following discussion the minutes were approved.

2/19/16

TENDER AWARDS

There were no tender awards for consideration.

2/19/17

TRUST FUNDS

There were no trust funds for consideration.

2/19/18

ANY OTHER BUSINESS

There were no further items of business.

2/19/19

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 March 2019 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
7 March 2019**