

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 4 April 2019 at 10 am in Denis Desmond
Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital**

PRESENT

Mr N Birthistle, Chairman
Mr K Downey, Deputy Chief Executive

Mr J Campbell, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Dr C O'Mullan, Non-Executive Director

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
Ms D Mahon, Interim Director of Women and Children's
Services
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mrs A McConnell, Director of Human Resources
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chairman/Chief Executive
Mrs S Doherty and Mrs E Reilly, Radiotherapy Services
Manager (agenda item 4/19/8)
Mrs A Meehan and Ms S Davidson, PSI (agenda item 4/19/13)

4/19/1

CONFIDENTIAL ITEMS

4/19/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the April Board meeting in Londonderry.

- The Chairman began on behalf of the Board to record his thanks to Mrs Cummings, Mrs Doherty and Mrs O'Kane, Non-Executive Directors, whose terms of office had ended on 31 March 2019. He said he wanted to acknowledge their unstinting and invaluable contribution to the Western Trust for the past 12 years and in former legacy trusts before that.

The Chairman said at the last Board meeting he was not aware that that meeting would be their last and that it would be hugely remiss of him if he did not publicly acknowledge the contribution they had made.

The Chairman added that the challenges in the Western Trust over the past 12 years had been significant and that some of the actions that they took to keep services safe and to improve services despite many financial challenges would not be seen or known to many. He added that all 3 had worked above and beyond what was expected of them.

- Effective from 1 April the Chairman advised that 2 new Non-Executive Director appointments had been - Mrs Ruth Laird and Dr John McPeake. The Chairman said that he understood a third NED had been appointed but that that person had not been confirmed as yet.

It was noted that unfortunately both Mrs Laird and Dr McPeake were unable to attend today's Board meeting.

The Chairman said they would bring a wealth of experience and he was confident their appointments would enhance the Board.

- Concluding his report the Chairman said that during March he was also advised that his term of office as Acting Chairman would come to an end on 30 April and that Mr Sam Pollock, would take up post on 1 May.

The Chairman thanked everyone for their support since his appointment, not only as Acting Chairman but as a Non-Executive Director.

He said it had been an honour and a privilege to serve the West during his tenure and he had the opportunity of seeing staff doing extraordinary things for the patients and client they serve. He added that it had not always been easy and the Board had faced many challenges, some of which are still around.

Concluding, the Chairman wished the Board, all staff and the new appointments the very best for the future and to keep putting patients and clients at the heart of everything they do.

Dr McIlroy commended the Chairman for his role as both a Non-Executive Director and Acting Chairman. He said that he had made a significant impact and brought massive corporate knowledge.

On behalf of the Corporate Management Team, Mr Downey paid tribute to Mrs Cummings, Mrs Doherty and Mrs O'Kane. He said they had been part of the Western Trust journey over the past 12 years and they had dealt with the challenges fully and with the full Board they had pushed the Executive Team to deliver the best for its patients and clients.

Turning to the Chairman, Mr Downey thanked Mr Birthistle for bringing stability to the Board at a time of great change and acknowledged his exemplary leadership and humility. He said that he wanted to personally thank him for this role with the 16+ Team and the Young People's Forum and for the time and effort he had afforded these young people over the years. He said that he would be missed but he could be proud of the Trust he leaves behind.

4/19/3

CHIEF EXECUTIVE'S REPORT

There was no Chief Executive's report.

4/19/4

APOLOGIES

Apologies were received from Dr McPeake, Mrs Laird and Mrs Woods, Non-Executive Directors and Dr Kilgallen, Chief Executive.

4/19/5

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

4/19/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 7 March 2019 having been previously distributed were agreed as a true and accurate record of discussion.

4/19/7

MATTERS ARISING

4/19/8

QUALITY AND SAFETY

Patient Story – Acute Services

Mrs McKay introduced to members Mrs Shirly Doherty, a cross border service user of the North West Cancer Centre, and Mrs Elaine Reilly, Radiotherapy Services Manager. Mrs Doherty was invited to share her story with members.

Mrs Doherty advised that she had been diagnosed with breast cancer in June 2018 and outlined her clinical pathway with Letterkenny Hospital and her referral to the

North West Cancer Centre for her radiotherapy treatment. She said as a Donegal patient who only lived a short distance away from the Centre this had meant so much as it allowed her to continue to meet her family's complex needs along with her caring responsibilities for her mother.

Mrs Doherty said she received 3 weeks of intensive treatment and that she found the staff within the Cancer Centre, from the receptionist to all clinical staff, wonderful, kind, welcoming and reassuring. She said staffs' attention to her care and treatment was second to none. She said that there were games available to patients to pass the time while waiting for treatment and as a present she donated some more for the enjoyment of the Centre.

Mrs Doherty advised that all of the rest of her clinical care was provided in Letterkenny hospital and her care was now transferred back to the team at Letterkenny. She added that 2 weeks ago she had received the all clear.

The Chairman thanked Mrs Doherty for sharing her story. Even after being pressed Mrs Doherty said she could not mention anything negative about her experience of the North West Cancer Centre.

Mrs McKay asked if she had any problems with her medication/prescriptions. Mrs Doherty there had been no problems.

Mrs McConnell referred to the Centre and the fact that it is a relatively new Team and it takes time for a new Team to gel. She said that from listening to Mrs Doherty demonstrates that the Cancer team works well together and provides a great service to its patients.

Ms Mahon thanked Mrs Doherty to sharing her story and encouraged her to share her story with social media.

Dr Hughes asked what impact had the diagnosis have on her family. Mrs Doherty said that there were members of her family more affected than others but with some counselling the situation had improved.

Concluding the discussion the Chairman asked Mrs Reilly to pass on the appreciation of members to the staff of the Cancer Centre.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr Hughes advised that the regional IHRD group had produced a report providing an update on the development of an assurance framework on the Inquiry's recommendations. He said the current focus was on drafting/finalising and scrutiny of the objectives of each framework, and processes for providing assurance for each workstream are in progress and being prepared. He added that the need for consistency of understanding on assurance across each workstream has been emphasised.

Dr Hughes further advised that the IHRD had published its update report for March 2019 providing an update on how each of the 9 workstreams are progressing their work. He said a copy could be accessed on the IHRD website. The next update will be published on 27 June 2019 and will focus on arrangements for implementation.

Continuing Dr Hughes said a regional IHRD stocktake event is scheduled to take place on 28 May 2019. The event will involve all programme and oversight groups and will give everyone the opportunity to see what is happening and provide feedback across all groups. The Trust's Medical Director and Assistant Director of Women and Children's Services will attend as representatives of the Trust's oversight committee.

Referring to work within the Trust, Dr Hughes said the Trust continues to work to progress actions against the recommendations of the Inquiry Report. He noted that progress is regularly reviewed via the Trust's project structure arrangements and the action plan is updated to reflect the updated position. Members were referred to a copy of the latest version of the dashboard and action plan as reviewed and updated as at 27 March 2019.

Dr McIlroy thanked Dr Hughes for the update. He said that the Trust was getting to the stage of embedding recommendations into the organisation and that this should be given priority and that the Board requires an assurance that the embedding of objectives has taken place.

Dr Hughes assured members that the Trust continues to implement recommendations where it can.

Dr O'Mullan referred to the development of assurance frameworks for each workstream and said she welcomed that all processes will be the same for all Trusts.

Dr Hughes said that no recommendation will be marked green without evidence that it has been embedded into the organisation.

Discussion continued on the availability of Non-Executive Directors to attend workstream meetings. Mrs Molloy said that was encouraging the use of video conferencing.

It was noted that Dr Hughes replacement on the 2 workstreams he is a member of will be discussed and agreed with Dr Kilgallen. It was also noted that Mrs O'Kane's membership on one of the workstreams will also need reconsidered given her departure.

Infection Prevention and Control Update

Dr Hughes referred to the Department of Health healthcare-associated infection (HCAI) reduction targets for 2018/19.

For Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, Dr Hughes reminded members that 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).

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.

As of 2018/19 the DoH has 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%.

Dr Hughes 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 and 1 case was classified as healthcare-associated as it occurred more than 48 hours after admission. As such, Dr Hughes stated the reduction target set had been exceeded and could not now be achieved.

Members were advised that as at 27 March 2019, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 142 days
South West Acute Hospital (SWAH) – 1138 days
Omagh Hospital & Primary Care Complex – 1527 days

Continuing with *C. difficile* performance Dr Hughes advised that so far this year 66 cases had been reported with 35 of the cases being classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital. Dr Hughes said the remainder 31 were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Dr Hughes referred to a breakdown of the healthcare associated cases of *C. difficile* by ward. He referred in particular to ward 32 Elective Surgical Unit and stated that one outbreak had affected 3 patients. He said that the ward had been closed to a limited number of patients as a result.

Moving to current GNB Performance members were advised that as of 27 March 2019, 44 healthcare-associated GNB cases had been reported. The Trust is currently on track to meet the target, with a cumulative reduction of 12%.

Dr O'Mullan referred to the *C. difficile* care bundle and care pathway audits. It was noted that scores are represented as either pass or fail – which is anything less than 100%. Dr Hughes said compliance with the care bundle remained a challenge and findings indicated issues around environmental decontamination, use of personal protective equipment and isolation/cohort nursing. Dr Hughes referred members to a graph illustrating the overall compliance with all of the elements of the *C. difficile* high

impact intervention care bundle for Altnagelvin Hospital and South West Acute Hospital.

Dr McIlroy referred to *C. difficile* performance and said it was disappointing to see a spread of infection. He said that an increase in community cases was predicted and reflected the time of the year. He referred to the 5 cases of *C. difficile* which could have been preventable and said this was a remarkable achievement. He said it was noteworthy that this figure was 33% 2 years ago.

Dr McIlroy referred to the breakdown of the healthcare associated cases by ward and by site. He said that looking at the South West Acute Hospital there were 12 community acquired infections against 6 hospital acquired infections. He said this was reflective of the age of patients and the use of antibiotics. He said it was interesting to study the epidemiology factors behind this information. He said that it was clear the Trust is making significant progress against the factors it can control and more work is necessary in the community.

Dr Hughes said that is interesting to note that Northern Ireland is the highest country within the UK for prescribing antibiotics and Omagh is the highest prescribing county within Northern Ireland.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Corporate Risk Register and Board Assurance Framework. He said there were 24 risks on the register as approved at Trust Board on 7 March.

Dr Hughes said there were no material changes for approval.

4/19/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 28 FEBRUARY 2019

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 28 February 2019 contained in the papers.

Mrs Mitchell reminded members 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 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 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 highlighted that the Trust had recently been requested to make a financial assessment of the forecast expenditure in 2018/19 and 2019/20 relating to the transformation projects.

Mrs Mitchell reported that the deficit at 28 February 2019 was £20.3m which is an improved position compared to the previous month. She highlighted the run rate for pay and non-pay expenditure had not reduced compared to the same period in 2017/18. She advised that the Trust needs to see a downward reduction in the run rate to support the delivery of financial targets in 2018/19, 2019/20 and beyond

Mrs Mitchell referred members to Table 3 for Directorate detail.

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. She also highlighted that the Trust had increased by 28.4% its costs on flexible staffing compared to 2017/18 and that there was an increase of 12.3% compared to the previous month.

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

Mr Campbell said that he was concerned about the run rates and the impact this will have on 2019/20. He enquired as to whether the vacancy control of £9m was required to be maintained in 2019/20. Mrs Mitchell confirmed that this was the case and that it was an integral part of the Financial Plan for 2019/20.

Mr Campbell asked whether the £24.4m control total would be met. Mrs Mitchell said that this would not be formally confirmed until the completion of the annual accounts however based on her assessment of the Month 11 financial performance she believed this would be the case. Mr Campbell commended the work completed to date on the 2018/19 financial position.

Dr O'Mullan enquired on the pharmacy savings shortfall. Mrs Mitchell explained that there was regional savings target of £90m placed on pharmacy to be delivered over a 3 year period of which 2018/19 was the last year. The Trust was expected to contribute to this savings target and although there is a shortfall reported in-year for 2018/19 the target will be met on a full year effect basis.

Dr McIlroy referred to the Finance and Performance Committee which had met earlier that week and noted that it had not been quorate. He said that the Committee had a briefing on the month 11 financial position and that he was concerned about the amount of slippage that had been used in-year to achieve the final position. He referred to the Delivering Value programme and emphasised that it is important that there is a firm foundation established in year 1 of the programme. He also said that there is a need for agency staffing issues to be addressed on a regional basis.

Mrs McKay said that it was important for the Board to be aware of the increased demand being experienced by the Trust and she referred to an increase of 8% at ED

departments at a cost of £135 per attendance. She said that there had been no extra investment from the Commissioner for this demand. She also referred to over 100 nursing vacancies and the need to close beds.

The Chairman referred to the work of Delivering Value and the concept of identifying productivity as an alternative to cash savings. Mrs Molloy described the structure of the Delivering Value programme.

The Chairman emphasised that safety of services is paramount and that this must not be impacted by the financial recovery process. Mrs Molloy said that the health-check approach will take account of quality and safety indicators.

Mr Campbell asked whether absence was a component of the Delivering Value programme. Mrs Molloy confirmed that it is part of the Workforce Workstream.

Mr Downey said that the health-checks approach is reassuring and emphasised that need to ensure that staff are reassured that safety is of paramount importance.

Dr McIlroy referred to leadership walkarounds and the need to ensure that there is senior management visibility to obtain feedback from staff.

4/19/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end of February 2019.

Mrs Molloy said that as the Trust was nearing year end her report would focus on key challenges and a fuller report would be provided to the next Board meeting covering all the Ministerial targets within the Trust Delivery Plan. She said her presentation therefore today would look at the key challenges facing the Trust namely:-

- 14 day and 62 day cancer standards;
- Unscheduled Care within the South West Acute Hospital and Delayed Discharges;
- Adult Mental Health services; and
- CAMHS

Mrs Molloy said she would also provide an update in respect of the performance trajectories.

Commencing with the 14 day breast cancer standard members were advised that during February 278 patients were seen with a compliance level of 100%. Mrs Molloy advised that there had been a particular difficulty with access within the 14 day target during March, and this would be reported on at the next Trust Board.

In respect of the 31 day target 98 patients commenced treatment during February with a compliance rate of 100% against a predicted target of 98%. Mrs Molloy

commended the continued exceptional performance in this area of cancer care by the Trust's service team.

Referring to the 62 day standard Mrs Molloy advised that during February the Trust had achieved compliance of 67% against a predicted level of 88%, which had been agreed with the Health and Social Care Board as the accepted performance trajectory. She said there were 17.5 breaches which equated to 22 patients. Mrs Molloy advised that of the 22 patients, 9 were Inter Trust Transfers – 7 were urology patients and 5 were lower GI.

Mrs Molloy noted that February's performance was a marginal improvement from January with considerable improvement in the number of urology patients breaching. She said last month 21 of the 28 patients were urology patients and this had been reduced to 7 breaches in February.

In summary, Mrs Molloy advised that the Trust was meeting the improvement trajectory for the 14 day and 31 day targets and that there was a marginal improvement in the 62 day target. Mrs Molloy highlighted that the Western Trust remained the highest performing Trust in Northern Ireland against all 3 cancer standards, and that the regional performance position had been shared with the Finance and Performance Committee. She said the tumour sites for most breaches were in urology and lower and upper GI.

She briefed members on the recovery and improvement actions that had been undertaken in respect of urology and lower GI diagnostics. She said in respect of urology this included additional waiting list sessions for the TP biopsy backlog, staff training of 2 specialty doctors, with one of these now competent to operate independently, and considerable clinical engagement to seek ways to shorten access times.

Discussion continued on patients with prostate cancer and when questioned Mrs Molloy said these patients could be reported separately to the 62 day target as their clinical pathway is longer due to the MRI procedure early in the pathway, which in itself improved the clinical outcomes. She said that the Trust's performance would be significantly higher if these patients were accounted for separately. Following discussion it was agreed that these patients should be reported separately at Trust Board.

Mr Campbell asked if the North West Cancer Centre was working to full capacity. Members were advised that services were provided for all designated tumour sites. Mrs McKay said discussions were currently taking place regarding emergency cover from 5 pm to 9 am.

Mrs McKay added that the DoH, Belfast Cancer Centre and the Republic of Ireland are all very positive about the numbers being treated and the services being provided in the Cancer Centre. She said a review of the oncology strategy was being considered which will look at potentially expanding the services at the North West Cancer Centre.

In respect of Lower GI diagnostics Mrs Molloy advised that consultant workforce gaps continued to have an impact on waiting lists. As mitigation members were advised that consultants from Altnagelvin Hospital were rotating to Omagh and performance in respect of longer waiting Red Flag referrals in the Southern Sector had improved significantly. Mrs Molloy added that there was an endoscopy waiting list initiative approach agreed for quarter 1 also.

Moving to unscheduled care, Mrs Molloy advised that for the period to February 2019, the Trust's 4 hour position was 74% which was significantly below a predicted performance of 78%, which was the trajectory agreed with the Health and Social Care Board, with Altnagelvin close to its predicted level at 72% and South West Acute Hospital well below its predicted level at 67%. Mrs Molloy advised that the Finance and Performance Committee had been briefed on the regional position up to January 19, and that the level of 12 hour breaches was a considerable concern, and attendances continued to run at an increase of 8% on the previous year.

Moving to delayed discharges, which form part of the requirement for unscheduled flow in all hospitals, Mrs Molloy advised that the Trust's measures to address community capacity and improve discharge planning had proven challenging to put on the ground, and the complex discharge performance continued to be considerably below the agreed trajectory. Up to February members were advised that the Trust achieved an actual performance of 78% against a predicted 85%, with both hospitals falling 8-9% below their predicted level.

Mrs Molloy provided members with an update on the range of actions planned or underway to recover Unscheduled Care in SWAH. She said the more general issue of closed beds due to staffing shortages continued to be a major challenge in the hospital.

Mrs Molloy reported that Mrs McKay attended the Finance and Performance Committee to brief it on the In-hospital improvement work proposed. She also added that community capacity in Fermanagh would be expanded with the reopening of Drumclay Care Home by the Trust which would give an addition 22 beds, a number of these would be EMI beds. Dr Brown updated members on the major programme of work in relation to the Older Persons Journey from hospital to community, which is aimed to address a range of causes of delay to patients who can appropriately be cared for in a home setting.

Mr Campbell sought clarity in respect of Drumclay and it was noted that this would be a step down facility for patients who are medically fit for discharge but where a care package or enhanced package cannot readily be sourced before discharge from the acute hospital. He said placements within Drumclay would be on a temporary basis only.

Mrs Molloy continued by referring to the performance improvement trajectory within adult mental health services. She said at the end of February, 711 patients were waiting more than 9 weeks which was significantly higher than the predicted position of 436 agreed with the Health and Social Care Board. She said the service was currently undertaking improvement work on access to services and the pattern of

multiple referrals, which included the validation of waiting lists. She said the Team was also working to determine the capacity required to clear the waiting list in 2019/20 and was inviting a CAPA expert to visit the Trust in April to advise on a model for future working.

In respect of CAMHS services it was noted that the Trust was breaching its predicted position with 92 breaches against a predicted zero breach position which had been predicted by year end. Mrs Molloy noted that referral rates continued to increase significantly and that the service was indicating a 39% cumulative increase in comparison to 2017/18, with a growth in complex cases and a rise in emergency referrals. Mrs Molloy said that capacity had been greatly affected by staff sick leave and an inability to recruit to the service. She said the Service was also experiencing increased pressure from the reduction of capacity by the voluntary sector, which would customarily have been available during the year for waiting list work. She assured members that the Corporate Management Team is receiving regular updates on this service.

Mrs Molloy advised that the other Performance Improvement Trajectories agreed with the Health and Social Care Board this year were broadly on track with no significant issues to highlight.

The Chairman thanked Mrs Molloy for her comprehensive presentation.

4/19/11

FINANCE & PERFORMANCE COMMITTEE – MINUTES OF MEETING HELD ON 5 MARCH 2019

Dr McIlroy referred members to the minutes of the Finance and Performance Committee meeting on 5 March for approval.

He said at this meeting discussion took place regarding the number of 12 hour breaches within the South West Acute Hospital and an invitation was extended to Mrs McKay to attend the next meeting to discuss a service improvement plan.

Dr McIlroy confirmed that Mrs McKay attended the meeting on 2 April. Dr McIlroy commended the Executive Team for how things are taken forward and stressed the importance of discharge.

Following consideration the minutes were unanimously approved.

4/19/12

PATHFINDER INITIATIVE – UPDATE

Mr Downey provided members with an update on the Pathfinder Initiative and said there were several key items to update Trust Board members.

First, Mr Downey referred to a workshop with Assistant Directors held on 28 March. He said the workshop had 3 core aims:-

- (a) to hear on the outcomes of the Pathfinder Consultation process to date;
- (b) to support Pathfinder team to consider draft project structures; and
- (c) to hear how Assistant Directors can contribute to the proposed work streams which will be discussed at Health Summit.

Mr Downey said Pathfinder work streams would be considered at the forthcoming Health Summit and these proposed work streams would then be considered in more detail including proposed guiding Principles.

Moving to the Pathfinder Health Summit on 9 and 10 April Mr Downey advised that invitations had been issued to over 150 delegates. Mr Downey said there had been extensive consideration given to the individuals invited to attend to ensure wide representation from key staff and project stakeholders. Mr Downey said the final programme for the Health Summit event on 9 April was being collated presently and the PHA would also be providing a Health Population Data presentation to be shown at the event.

Due to the high volume of responses in certain geographical areas Mr Downey said it was decided to increase the Expert by Experience (EbE) numbers from 5 to 7. He said as appropriate, sub-groups would have 1-2 EbE on them, and this would also provide support to each other. In the spirit of Co-production principles the EbE chair will also sit on the overarching Strategic Group.

Mr Downey said on 26 March a Meet and Greet with the EbEs was held. Discussion took place on the role and responsibilities of an EbE and an invitation to the Health Summit was extended to each of them. In addition an outline of the potential Working Groups and an Introduction to PPI and co-production was also provided.

Mr Downey said election of the EbE chair and co-chair and development of the Terms of Reference etc will occur at the induction and initial first meeting planned for 15 April 2019.

Continuing with structures and governance Mr Downey advised that arrangements for Pathfinder continued to be progressed and he could now confirm 4 sub groups:-

- Building Capacity in Communities and Prevention
- Enhancing Support in Primary Care
- Reforming Hospital and Community Services
- Organising Ourselves to deliver

Mr Downey said that the augural meeting of the Fermanagh and West Tyrone Pathfinder Group had been arranged for 1 April. He said this group began to develop the Terms of Reference and reviewed the Department of Health Project Initiation Document with a view to developing an overarching Project Plan which will be informed by the engagement feedback received, Health Population Data and discussions for work projects at the April Health Summit.

Mr Downey said the Project Management arrangements for project work will be in accordance with PRINCE methodology.

A Survey Monkey is online at the Pathfinder Hub for anyone to share with the Pathfinder team their feedback and comments. This survey is live until 28th March 2019.

Concluding his report Mr Downey referred members to structure of the draft Pathfinder Project structure within papers for information.

Discussion took place on the Project Initiation Document for the Initiative and Mr Downey sought members' approval. Following consideration members approved it.

4/19/13

DRAFT CORPORATE PLAN 2019-2021

Mrs Molloy welcomed Mrs Aine Meehan and Ms Sarah Davidson to the meeting.

Mrs Molloy shared with members a draft Corporate Plan for the period 2019-2021 and said it represented the substantial work undertaken over the past year to define the Trust's Shared Purpose which was finalised and agreed through a process of engagement with staff. She said the draft Plan updated the existing Corporate Plan 2017-2021 and replaced it for the remaining period 2019-21.

Members were advised that the draft Corporate Plan was agreed by the Corporate Management Team on 21 March 2019 and was being presented to Trust Board for approval.

Mrs Molloy said the plan set out the context for the Western Trust in terms of the demographic, health, deprivation and geographical issues that are impacting on the population we serve and the strategic drivers that are influencing our priorities. She said it described the new health and social care values and behaviours that will govern how we work with each other and our service users and described the 3 key priorities under the delivering value programme – transformation, pathfinder, financial recovery.

Concluding Mrs Molloy said the Plan provided more specific detail in relation to each of the Trust's 4 Ambitions - Great Place to Start in Life, Live Well, Grow Older and Work and set out the key actions that will be delivered over the next 2 years and their linkages to the Delivering Value programme. Mrs Molloy tabled for members' information an update on the Trust's Financial Recovery Programme.

Mrs Molloy said following approval by members the Plan will be submitted to the DoH to be formally approved. She said there would also be a communications strategy to launch and communicate the plan.

Members commended the content of the plan and said embedding it would be important moving forward. It was felt the Plan clearly captured the ambitions of the Trust.

Following consideration the draft Plan was unanimously approved. It was noted that the Financial Recovery news sheet would be shared with senior managers following the meeting.

4/19/14

POLICIES

- Policy for the Prevention and Control of Measles
- Methicillin Resistant *Staphylococcus aureus* (MRSA) Screening and Management Policy
- Conflict, Bullying and Harassment Policy in the Workplace

Following consideration the above policies were unanimously approved.

4/19/15

CITY DEAL - C-TRIC

Mrs Molloy referred members to her briefing note on the development of the Transformation for Healthcare Innovation and Value Based Ecosystem (T-HIVE) within papers for members' information.

She said T-HIVE is a highly innovative project which aims to develop a research-led, industry-facing research ecosystem built upon the established strengths of C-TRIC. She added that this had been developed in response to the strategic needs of the North West region and the Northern Ireland health and life science industry.

Mrs Molloy advised that the City Deal bid would envisage a significant investment of c£70.8m over a 5-10 year programme, with new building and infrastructure supporting the developments proposed. She said there would be 2 key infrastructural components of T-HIVE.

Mrs Molloy continued to outline the proposals of the CityDeal project and said that It was estimated that this project had the potential to create over 250 t-jobs and indirect further employment over a 20-year period supporting the growth ambitions within the Derry City and Strabane District Council Strategic plan for the North West, with the potential to support the wider Western Trust and HSC.

4/19/16

DECLARATION AND REGISTER OF INTERESTS – OUTSIDE INTERESTS
2018/19

The Chairman advised members that the Trust's Register in respect of Outside Interests for 2018/19 had been updated and is available for viewing from the Chief Executive's Office.

4/19/17

TENDER AWARDS

There were no tender awards for consideration.

4/19/18

TRUST FUNDS

Dr Brown shared with members for approval 2 requests for expenditure from Trust Fund.

First, a request to purchase from the Palliative Care Fund 14 Syringe Drivers with 14 locked boxes to be used on hospital wards at the South West Acute Hospital and locally for community palliative care patients – cost £15,800.

Second request to purchase from the Palliative Care Fund 10 Portland Chairs which are overnight sleepers – cost £11,910.69.

Following consideration both requests were unanimously approved by Trust Board.

4/19/19

ANY OTHER BUSINESS

Ms Mahon updated members on the Trust's support to the Northern Trust following the tragedy at the Greenvale Hotel, Cookstown. She said many of the young people involved in the incident attend school in Omagh and the Trust has been actively involved in providing support to the schools.

4/19/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 2 May 2019 at 10.00 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

**Mr Sam Pollock OBE
Chair**