

**Minutes of a meeting of the Western Health & Social Care Trust  
Board held on Thursday, 2 May 2019 at 10 am in the Lecture  
Theatre, South West Acute Hospital, Enniskillen**

**PRESENT**

Mr S Pollock, Chair  
Dr A Kilgallen, Chief Executive

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

Mr K Downey, Deputy Chief Executive  
Dr D Hughes, Medical Director  
Dr B Brown, Executive Director of Nursing/Director of Primary  
Care and Older People's 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**

Professor R O'Hare, Assistant Director Medical  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Office of the Chairman/Chief Executive

5/19/1

**CONFIDENTIAL ITEMS**

5/19/2

**CHAIRMAN'S BUSINESS**

The Chair welcomed everyone to the May meeting in Enniskillen.

He said he was delighted to have been appointed as Chair of the Board and also to welcome 3 new Board members, Dr John McPeake, Mr Sean Hegarty and Mrs Ruth Laird. It was noted that unfortunately Mrs Laird was unable to attend today's meeting.

The Chair acknowledged the valuable contribution of the outgoing Chairman, Mr Birthistle and the 3 Non-Executive Directors, Mrs Doherty, Mrs Cummings and Mrs O’Kane.

The Chair asked Dr McPeake and Mr Hegarty to introduce themselves to the Board.

The Chair concluded by introducing himself to the Board.

5/19/3

### **CHIEF EXECUTIVE’S REPORT**

Dr Kilgallen referred to a report of business from the previous meeting.

- Dr Kilgallen said she was delighted to advise that the Trust had 3 teams who were finalists in the BMJ Quality Awards. “Step West” an innovative Quality Improvement project for junior doctors and which has been recently extended to include pharmacists; Grangewood who has developed Personalised Safety Planning and thirdly the Trust’s Flow Coaching Academy. Dr Kilgallen said she was proud of these clinical teams who had developed innovative practice.
- On 1 May the Chair and Chief Executive were delighted to attend an awareness session on staff’s right to raise a concern as part of the “Your Right to Raise a Concern” week. She said the Trust wants staff to feel able to raise concerns with their managers at any time about any issue troubling them. She added that the Trust’s ‘Your Right to Raise a Concern (Whistleblowing) Policy’ and toolkit is aimed at those issues and genuine concerns which are not resolved, require help to get resolved or are about serious underlying concerns.

Dr Kilgallen said she was delighted that the awareness sessions were well attended and that is important that staff believe in openness.

- During the month the former Chairman and Dr Kilgallen had another round of meetings of the Corporate Parenting Forum – 8 April in Omagh and 18 April in Londonderry.

She said these meetings allowed senior management to engage with some of the young people who are in the Trust’s care and for whom the Board has corporate parent responsibility. It also gives young people the opportunity to discuss a range of issues that affect them on day to day basis.

- On 9-11 April the Trust welcomed Prof Bengoa to undertake a 2 day summit with senior leaders across the service in relation to the Pathfinder Initiative. She said Mr Downey would provide an update on the Pathfinder initiative later in the meeting however Dr Kilgallen took the opportunity to congratulate Mr Downey on a very successful event.

- On 17 April the Chief Executive was delighted to welcome the Permanent Secretary to the South West Acute Hospital for the launch of the “Our Hearts, Our Minds” programme.

Before the launch Mr Pengelly embarked on an informal walk around the hospital to meet staff at ward and department level.

Members were reminded that the ‘Our Hearts, Our Minds’ programme is a unique 12 week programme for patients living with heart conditions or at risk of developing heart issues or having a stroke.

Launched at the South West Acute Hospital, the new programme is the first of its kind in Northern Ireland that not only caters for patients, but also their spouse or close family members. It was noted that the programme will be delivered across the Western Trust by a skilled interdisciplinary team with a dietician, psychologist and exercise professional, led by a Cardiovascular Nurse Specialist.

- Finally, Dr Kilgallen was delighted to advise that the Western Trust Diabetes Specialist Dietitians had received national recognition in the 2019 UK Advancing healthcare awards for Allied Health Professionals.

Ms Siobhan Monaghan, Diabetes Specialist Dietitian based at the South West Acute Hospital, attended the 2019 UK Advancing healthcare awards for Allied Health Professionals representing her dietetic colleagues Nicki Perry and Michelle Byrne, Diabetes Specialist Dietitians based at Altnagelvin Hospital. All 3 Dietitians have been involved in a project which looks at the role of the Dietitian in multi-professional, risk stratified care for women with gestational diabetes in joint antenatal-diabetes clinics.

Their project was successful in winning the award for “Maximising resources for success”, sponsored by the Department of Health (DoH) Northern Ireland.

5/19/4

### **APOLOGIES**

Apologies were received from Mrs R Laird, Non-Executive Director, Mrs G McKay, Director of Acute Services and Ms K O’Brien, Director of Adult Mental Health & Disability Services.

5/19/5

### **DECLARATION OF INTERESTS**

There were no declarations of interest expressed.

5/19/6

### **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 4 April having been previously distributed were approved as a true and accurate record of discussion.

5/19/7

### **MATTERS ARISING**

There were no matters arising.

5/19/8

### **QUALITY AND SAFETY**

#### **Improvement Story**

Ms Mahon welcomed Ms Sarah Griffiths, service user along with her family, and Ms Brenda McCabe, Midwife, to the meeting as today's patient story.

Members were reminded that Ms McCabe had recently won the "Emma's Diary Mums' Midwife of the Year 2019" as nominated by Ms Griffiths.

Ms Griffiths shared with members her story during her pregnancy with her baby Daisy. She said as a mother with cerebral palsy and a wheelchair user, she frequently came up against a lack of knowledge and a resistance among healthcare professionals.

Thinking there was no alternative, Ms Griffiths said she elected for a C-section with her first pregnancy. After meeting Ms McCabe with her second pregnancy she said any feelings of stress or anxiety disappeared as Ms McCabe's attitude and approach were a breath of fresh air. Ms Griffiths said Ms McCabe empowered her to see herself as any other pregnant mother and in the end she was able to make an informed choice with regard to the birth of Daisy.

Ms Griffiths said Ms McCabe delivered patient centre care at all times. She said not only did she have mother and baby at the heart of her care, but she was also meticulous in ensuring fathers are very much included and recognised their vital role in the process. She added that Ms McCabe's support and encouragement with breastfeeding meant that her breastfeeding journey flourished and Ms Griffiths said she was now a peer support mum for the local breastfeeding group.

When asked if there was one thing the Trust could do to support staff, she replied that the greatest thing was to empower staff to do their job. She said that Ms McCabe supported her through her fears and also provided companionship.

Ms McCabe thanked members for the opportunity to attend Trust Board. She said that she always strives to work in partnership with mums and dads and the importance of exploring alternatives.

The Chair thanked Ms Griffiths for sharing her journey and said that her strength and resilience were in abundance. He said that when organisations invest in their staff it can be clearly seen in the role they carry out. He thanked Ms McCabe for her support of Ms Griffiths and her family.

### **The Inquiry into Hyponatraemia-related Deaths Report 2018**

Dr Hughes advised members that a regional IHRD stocktake event is planned for 28 May 2019 which will involve all the programme and oversight groups and that he and the Assistant Director of Women and Children's Services will attend as representatives of the Trust's oversight committee.

Dr Hughes added that the Trust continues to work to progress actions against the recommendations of the Inquiry Report. Progress is regularly reviewed via the Trust's project structure arrangements and members were referred to an updated action plan as at 27 March 2019.

### **Infection Prevention and Control Update**

Dr Hughes referred to an update report within papers. He reminded members that the DoH had issued healthcare-associated infection (HCAI) reduction targets for 2018/19.

For Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target was 5 cases. That was the same target as was required in the previous 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 was 56; a reduction of 8 cases or 12.5% compared to the previous year. In 2018/19 the DoH introduced targets for reducing healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. The Western Trust was 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%.

Referring to MRSA bacteraemia performance in 2018/19, Dr Hughes advised that a total of 7 MRSA bacteraemia cases were reported in 2018/19 with 6 being categorised as community-associated as they occurred less than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). 1 case was classified as healthcare-associated as it occurred more than 48 hours after admission. As such, the reduction target set was not achieved.

Continuing with *C. difficile* performance in 2018/19, members were advised that a total of 65 cases of *C. difficile* were reported so the challenging reduction target was not met. 35 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). Dr Hughes pointed out that this was not always an accurate predictor of being healthcare-associated. The remainder (30) were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Members were advised that a total of 49 healthcare-associated GNB cases were reported during 2018/19 and therefore, the reduction target was achieved, with a reduction of 2%.

Dr Hughes advised members that during the reporting period following a suspected outbreak of *C. difficile* on ward 32 ESU Altnagelvin Hospital, all IPC measures were put in place. 2 patients returned the same ribotype, 1 of which was the already known positive, the index case. Typing for the other patients was different. The ribotype for both these patients was not a prevalent ribotype for either the Western Trust or Northern Ireland. Further fingerprint testing was unable to be carried out as the index case sample was from another Trust, therefore transmission for one patient was likely and could not be ruled out.

Dr Hughes advised that 2 babies tested positive for MRSA colonisation within the NNICU Altnagelvin Hospital. He said a third baby transferred to the RVH was positive on arrival. Members were assured that all IPC measures were in place and typing had been requested. Dr Hughes advised that IPC practice audits are all compliant, all repeat screens of contact babies are negative and environmental screening is also negative. Continued surveillance and screening are ongoing.

Dr McIlroy referred to the outbreak on Ward 32 and asked if the patient should be have been isolated. Dr Hughes confirmed that the patient had been isolated and it is assumed that the infection was spread by a health care worker.

Dr McIlroy referred to *C. difficile* performance and noted that while the Trust's performance in 2018/19 was 65 cases, this was an overall increase of 1.56% compared to the previous year but comprised of a decrease in healthcare-associated infection cases of 2.78% versus an increase in community-acquired infection cases of 7.14%.

Continuing Dr McIlroy referred to the Root Cause Analysis process. He said it was important to note that only 15 *C. difficile* cases met the criteria for this and were investigated by RCA within this period. He said that a year ago this figure was much higher. Dr McIlroy commended staff for their work in this area.

Mrs Woods referred to staff attending mandatory training. She referred to the introduction of online training and asked if this had improved the numbers being trained. Dr Hughes advised that online training had been rolled out for Aseptic Non-Touch Technique training and this had been successful and that there was learning from the *C. difficile* training bundle which was being taken forward. Dr Hughes added that medical education also needed to be reviewed.

Mr Hegarty asked if mandatory training is of fundamental importance to the Trust what is the consequence for staff who did not attend. Dr Hughes said that in the

main staff who do not attend is down to staffing shortages on wards and therefore their inability to leave for training. He said that because of this plans are being considered to bring training to the wards.

Concluding his report Dr Hughes referred to Hand Hygiene Compliance. It was noted that the Trust's overall self-reported hand hygiene scores were 85% when non-submission areas were included. He said that 30 areas out of 193 applicable areas failed to submit scores for March 2019. Dr Hughes explained that this may be because some of the 30 areas submitted their scores late and assured members that there is a process to follow these areas up.

Dr O'Mullan also advised members that mandatory training is on the work plan of the People Committee and that the People Committee will plan to provide an assurance to Trust Board.

### **Quality Improvement Monitoring Report – VTE**

Dr Hughes referred members to the quarterly Venous Thrombosis Embolism (VTE) report for information.

He said VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. Dr Hughes said NICE guidance has been endorsed by the DoH and implemented in Northern Ireland. Assessing the risks of VTE and bleeding is a key priority for implementation of the guidelines.

Members were advised that regionally developed patient information leaflets and VTE promotion posters have been supplied to wards.

Dr Hughes advised that compliance with completion of the VTE Risk Assessment within 24hrs of admission is a Commissioning Priority and the Trust's compliance is reported quarterly to the PHA. The target is to sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance throughout 2018/19. Compliance reported to the PHA for 2018/19 was as follows:-

- Quarter 1 2018/19 – 93%
- Quarter 2 2018/19 – 93%
- Quarter 3 2018/19 – 94%

Following the RQIA Review of Theatre Practice in Health and Social Care Trusts it was recommended that VTE Risk Assessments should be completed for all patients including day cases. Dr Hughes said this has been implemented in the Day Procedure Unit, SWAH and a VTE Risk Assessment tool has been piloted in the Day Case Unit, Altnagelvin Hospital.

Members were advised that the Trust VTE Group meetings are held quarterly and compliance with monthly VTE audits is a standing agenda item for this group. Compliance with completion of monthly VTE audits remains a challenge on some wards and Dr Hughes said this continued to be addressed with relevant medical staff



by the VTE Group. The VTE dashboard is also included within the Clinical Quality & Safety Directorate Reports which are shared quarterly with Directorate Governance Groups. Monthly compliance by ward is recorded in the run charts below.

Dr Brown commended the report and said while he would like to see compliance reaching 95% it was a challenge in respect of capacity and staffing. He said that wards are being considered for trends and that this data would be included for consideration within Directorate Business Units and scorecard analysis.

### **Corporate Risk Register and Board Assurance Framework**

Dr Hughes referred members to the Trust's Corporate Risk Register. He noted that there are 24 risks on the CRR as approved at Trust Board on 4 April 2019.

Dr Hughes shared with members proposed changes for approval. He said there were 2 new proposed risks being proposed for escalation to the Corporate Risk Register.

First, ID1109 – difficulty recruiting to the Family Intervention Service and Gateway Service in Enniskillen - is being escalated from the Women and Children's Service Directorate Risk; and secondly a risk from the Acute Services Directorate in respect of Cellular Pathology reports.

Ms Mahon referred to Risk ID1109 and assured members that this is being discussed with the DoH. She briefed members on the measures being undertaken within the Trust to mitigate against the risk.

Mr Campbell asked if the risk had increased. Ms Mahon shared measures that are being put in place which include skill mix, use of youth community workers and voluntary agencies. Ms Mahon said the higher risk cases are being managed but that cases can become high risk very quickly.

Mr Downey said as a Trust Board you can never under estimate the risk of unallocated cases and that it is important that the Board supports Ms Mahon. From a Pathfinder point of view M Downey said he and his team are working with the College of Further Education to grow a workforce locally.

Dr McIlroy referred to a recent leadership walkround in this area and said the value of the walkround was immense and gave the Board a focus on the services.

Mrs Woods said as the Board nomination on the Adoption Panel she was seeing more and more complex cases coming forward to Panel. She said with more complex cases, the number of LAC rising and court processes becoming more complex this was all having an impact on teams and their ability to recruit staff.

Mr Downey suggested that Ms Mahon develop an action plan which describes the steps being taken and then monitor the progress being made. This approach was supported by members and it was agreed that the action plan would be shared at the



next meeting of Trust Board. Members also recorded their concern in relation to this risk.

Following discussion it was agreed that this risk would be escalated to the Corporate Risk Register.

Discussion continued on the escalation of the risk from the Acute Services Directorate Risk Register. It was noted that there is a significant shortage of Consultant Histopathologists within the Trust and that no applicants have been secured from international and local recruitment drives. Members were advised that a working group had been established to address issues and an action plan is being developed.

Following discussion it was agreed that further information would be sought as to mitigating actions before the risk is escalated to the Corporate Risk Register.

Mr Campbell asked if immediate intervention was necessary. Dr Hughes advised that the Trust is looking at an initiative which will facilitate distance working in the interim and outsourcing.

Following discussion it was agreed that members would be provided with clarity in respect of actions being taken forward at the next meeting.

Dr McPeake sought clarity in respect of reviewing all risks on the Corporate Risk Register. Dr Hughes said that a review of the Corporate Risk Register is undertaken by Board members twice per year.

Dr McPeake referred to risks where actions are past their deadline. The Chair said that he welcomed the next Board workshop to discuss the register in greater detail.

Dr Hughes provided members with an assurance that the CRR is regularly reviewed and updated monthly. Similarly Mr Campbell assured members that the CRR comes to the Audit and Risk Assurance Committee for review and discussion however he encouraged members to raise any issues at Board meetings.

Discussion continued on the timeliness of reviewing the CRR and Dr O'Mullan said that risks are also considered and discussed at the relevant Board Committee meetings.

Dr Kilgallen said that while Dr Hughes is the corporate guardian of the Corporate Risk Register the risks are the responsibility of each Director. She said that if the Trust has committed to undertaking actions it is important that these actions are carried out.

Following discussion it was agreed that a Board workshop to review the CRR should be arranged by Mrs McGinley.

5/19/9

**FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MARCH 2019**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 March 2019 contained in the papers and advised that this was an estimated out-turn position which should be confirmed by completion of the annual accounts for 2018/19.

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 advised that the report is reporting a deficit of £24.36m as at 31 March 2019 which is under the control total of £24.4m. She referred members to Table 3 which documented the out-turn across Directorates.

Mrs Mitchell referred members to Table 4 and highlighted that the Trust has spent 29.5% more on agency/bank staffing and overtime in 2018/19 compared to the previous year.

Mrs Mitchell stated that in relation to Elective Care the Trust had underspent by £418k and referred members to Section 4 of the report.

Mrs Mitchell said that the Trust received a final capital resource limit allocation of £35.6m and referred to the prompt payment target achievement of 92% reported in Sections 5 and 6 of the report.

Dr McIlroy said that there was a need for tighter control on run rates which was fundamental to the financial recovery process. He said that a major part of the focus on run rates would have to include flexible staffing. He said it was an opportunity for the Trust to stabilise its finances over a 3 year period and he commended Mrs Mitchell who had secured a 3 year period as opposed to the original proposal of a 2 year period. Dr McIlroy also offered his congratulations on the achievement of containing expenditure within the control total of £24.4m.

Mr Campbell also expressed his concern about the run rates. He also said that he would be concerned if the Trust was levied a savings target for 2019/20 given the challenging financial recovery target and that there would be a need for the Trust Board to have a perspective on this.

Mr McPeake asked whether the Trust was maximising its income with the context of the Financial Recovery Programme. Mrs Mitchell confirmed this to be the case and advised that discussions were ongoing with the DoH in terms of income relating to Looked After Children and Medical Locums.

5/19/10

## **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred members to the performance management report for the period to end of March 2019. She said her presentation reflected the full year assessment for the Trust on its performance against the ministerial standards, and that in her delivery she would provide the 2018/19 year end position along with a comparison with the prior year, and in some areas she could share information on how the Trust sat against other Trusts within a regional picture, although this remains one month in arrears due to HSCB reporting.

Commencing with the 14 day breast cancer standard members were advised that during 2018/19, the Trust had delivered an excellent outturn for 11 of the 12 months of 18/19, with a compliance level of 99.3% overall. Mrs Molloy advised that there had been 24 patients who waited more than 14 days and that 18 of these occurred during March 2019 with the longest wait being 16 days. Mrs Molloy said the regional performance for April 2018 – February 2019 was 93% on average across all Trusts.

In respect of the 31 day standard members were advised that during 2018/19, 99.6% of patients received their first definitive treatment within 31 days of a decision to treat. Out of the 1,705 patients treated, 7 waited more than 31 days. Mrs Molloy commended the Trust on its stable and high achieving performance against this standard.

Referring to the 62 day standard Mrs Molloy advised that during 2018/19, 78% of patients received their first definitive treatment within 62 days of being referred, and that performance had dropped considerably in the second half of the year against this standard. There were 179.5 breaches which equated to 233 patients. Mrs Molloy advised that 100 of the breaches related to urology and that the service is carrying out an audit for the patient pathway for the 62 day target for feedback to next month's Board meeting. Mrs Molloy advised that the second area of significant breaches was lower GI and reflected the challenges in the delivery of endoscopy during the year, particularly in SWAH.

Mrs Molloy asked that members note that the 31 and 62 pathway figures are provisional as end of year reports are not confirmed until June 2019.

Continuing with the cancer improvement trajectory, Mrs Molloy advised that the Trust had not met the improvement trajectory for the 3 cancer standards albeit performance against the 14 day and 31 day standards was exceptionally close. 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 outlined the main actions being undertaken to improve the current position in urology and lower GI diagnostics.

Moving to diagnostics imaging, Mrs Molloy advised that at the end of March 2019 there were 180 patients waiting more than 9 weeks against a predicted position of

0. She said that this remained an exceptionally good position and outlined to members the issues impacting on performance at end of March 2019.

Continuing with diagnostic tests, Mrs Molloy advised at March 2019 there were 1,782 patients waiting longer than 9 weeks and 199 patients waiting longer than 26 weeks. In relation to the target that all urgent diagnostic tests are report on within 2 days the Trust's performance at March was 92%. Mrs Molloy said the majority of the breaches were in physiological measurement, echoes, 24 hour holter and audiology where staffing issues on all sites have impacted on capacity.

Referring to endoscopy members were advised that 1,028 patients at March were waiting longer than the standard of 9 weeks, and the actions taken to deliver on improvements in-house were proving challenging. Members were advised that during 2018/19 additional WLI funding was secured to support additional capacity, and a considerable number of endoscopies were carried out using this funding stream, which had supported the end year position. Mrs Molloy said the issues that impacted on performance throughout the year were in the main staffing relating to long term sick leave and staff vacancy.

Moving to unscheduled care ED performance, Mrs Molloy advised that during 2018/19 the Trust had seen an increase in ED attendances of 8% from 2017/18. She said performance against the 4 hour standard was 74% which was below a predicted 78%. She said Altnagelvin achieved 71% which was marginally below its predicted performance of 73% and South West Acute Hospital was significantly below its trajectory with an actual performance of 67% against a predicted 78%.

In relation to the 12 hour standard Mrs Molloy advised that 2,731 patients breached this standard; with 1,439 breaching in Altnagelvin and 1,292 breaching in the South West Acute Hospital, and that there had been a significant increase in the numbers of patients waiting in excess of 12 hours in the South West Acute hospital and Altnagelvin hospital, with 1,486 more 12 hour breaches.

On key areas which are monitored Mrs Molloy advised that comparisons to 17/18 showed that overall for the Trust there had been a very significant increase in ED attendances, at 8% overall, with similar increases at both hospitals, and a decrease of 2% in 4 hour performance but a 6% improvement in the 15 minute triage standard and a 1% improvement in time to be seen by clinician within 2 hours.

In looking at each acute hospital site, Mrs Molloy advised that in Altnagelvin the 6.8% increase in ED arrivals on the previous year equated to an additional 4,409 patients with an increase of 23% in category 1 and 2 patients and an increase of 1% in category 3 and 4 patients. Referring to the South West Acute Hospital, Mrs Molloy advised that during 2018/19 there had been a 7.3% increase in ED arrivals compared to 2017/18, equating to an additional 2,540 patients with a small decrease in category 1 and 2 patients and an increase of 20% in category 3 and 4 patients. Mrs Molloy highlighted that the pattern of presenting demand at ED was therefore quite different between the 2 hospitals.

Continuing with recovery and improvement actions for ED Mrs Molloy advised that emergency department performance against the 4 hour and 12 hour standards continued to be challenging locally and regionally. Mrs Molloy said the trajectory target continued to be an area of focus for the Trust and that the reasons for the underperformance was multifaceted – high levels of additional demand and the high number of complex delayed discharges which had an impact on patient flow throughout the hospital site. Of particular pressure at present is the rate of discharge to nursing home placements and domiciliary care packages in the Southern Sector of the Trust.

Mrs Molloy advised that in respect of the SWAH, an improvement plan for 2019/20 had not been presented however the Director of Acute Services had met with the Finance and Performance Committee and brief them on the approach to its development. In addition, a major programme of work under the older person's Project within the Delivering Value programme has commenced. Mrs Molloy also outlined a number of measures being put in place to increase capacity in the community to facilitate complex discharge by providing additional step down beds, and that these were coming to completion.

Mrs Molloy shared the regional position with regard to unscheduled care which demonstrated that the Western Trust was the joint highest level of performance against the 4 hour standard in 2018/19 and had the fewest number of 12 hour breaches. Mrs Molloy stressed that the Trusts senior team remained concerned at the deterioration in the position in the previous year, particularly against the 12 hour standard.

Moving to delayed discharges, Mrs Molloy advised that during 2018/19 78% of patients who were complex discharges were discharged within 48 hours. She outlines the main reasons for delay which are: no domiciliary care package available, time required for care planning, no suitable step down bed available, no nursing home bed available and hospital assessment. In respect of the non-complex discharges during 2018/19, 97% were discharged within 6 hours of being assessed medical fit, which remains a good performance, however the need to advance earlier in the day discharge remains an area of focus for the Trust.

Mrs Molloy referred to the Trust's performance against elective access. She said at the end of March, 28% of patients were waiting less than 9 weeks for their first outpatient appointment against the standard of 50%. The number of patients waiting more than 9 weeks was 26,787 and the number of patients waiting more than 52 weeks was 13,147. She advised that the number of patients waiting continues to grow despite the investment in WLI during the year, and outlined the increases, particularly in those waiting over 52 weeks.

In relation to Inpatient/day case members were advised that at the end of March 2019, 33% of patients were waiting less than 13 weeks for inpatient/day case treatment against the standard of 55%. The number of patients waiting more than 13 weeks was 12,079 and the number of patients waiting more than 52 weeks was 5,410. Mrs Molloy advised that at the end of March 2019 the number of patients waiting more than 13 weeks had increased by 1,235 from end of March 2018

position. At the end of March 2019, the number of patients waiting more than 52 weeks had increased by 860 from end of March 2018 position.

Mrs Molloy referred to activity within the independent sector in 2018/19 and that the Trust had implemented a plan to deliver WLI, some of it with the Independent Sector. Across the specialities of general surgery, orthopaedics and ENT, a total of 379 patients had been treated in the IS.

Referring to the performance trajectory for inpatients/day case members were advised that the predicted position for 2018/19 was -8% and the actual achieved was -11%. She said the main issues that impacted on elective performance during 2018/19 were theatre nursing deficit and that delivery had also been impacted somewhat by upgrade works in DESU despite detailed planning for that work, and that the off plan position had developed at the end of the year.

Moving to the performance trajectory for new outpatients members were advised that the predicted position for 2018/19 was -11% and that the actual position achieved was -12%. The main reasons that impacted on this performance were delays in securing locum consultants, ongoing challenges with nursing and staffing generally.

Mrs Molloy continued by referring to the performance improvement trajectory within adult mental health services. She said as at 31 March 2019, the breach position had decreased slightly to 701. AMH performance against the 9 week standard remained challenging with the number of patients waiting longer than the 9 weeks increasing since the end of March 2018.

Mrs Molloy outlined the challenges facing the service which are in the main a significant increase in both urgent and routine referrals and the complexity of cases, particularly in the area of primary care liaison. Mrs Molloy said that a robust recovery plan has been developed which includes additional capacity has been sourced through agency, overtime and additional hours to improve waiting times. She added that a new MDT triage has been established and it is anticipated that this will reduce inappropriate referrals into the system. A validation exercise is also ongoing to review the full waiting list by the service.

In respect of CAMHS services it was noted that at March 2019 the CAMHS breach position had increased to 98 patients waiting longer than 9 weeks for treatment and assessment in comparison to 10 in March 2018. Mrs Molloy advised that regionally the number of patients waiting longer than 9 weeks to access CAMHS had remained largely unchanged. She outlined the challenges facing the service and members noted that there the service had seen an average monthly accepted referrals increase from by over 30% on the prior year. Mrs Molloy added that capacity had also been greatly impacted by workforce issues. Mrs Molloy described a range of recovery and improvement measures which are in train to address the breach position, and that the Trust was in the discussion with the Health and Social Care Board on what actions might be taken to support the 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.

Referring to Children's Services Mrs Molloy advised that at March 2019 the number of children waiting more than 9 weeks for community paediatric service had decreased to 518 and the number waiting more than 52 weeks had increased to 207. Mrs Molloy said the challenge in meeting the performance standard has again been escalated to the Health and Social Care Board to seek regional support. She said throughout 2018/19 the service had continued to experience difficulties in recruiting community paediatricians and the service has considered other skill mix options. Mrs Molloy also noted that ADHD referrals moved under community paediatrics in March 2017 and this impacted on the community paediatric overall waiting times.

Members noted at March 2019 there are 647 Looked After Children which reflected a 3% increase compared to March 2018 and a 10% increase compared to March 2017.

Mrs Molloy shared the year end position with regard to Allied Health Professional services and noted that the overall breach position had decreased to 3,067 from March 2018. She outlined challenges facing the services and recovery and improvement actions being taken forward.

Referring to performance in relation on stroke lysis, Mrs Molloy advised that performance for 2018/19 was 22% against a target of 15%. It was noted that this performance is the best in Northern Ireland.

Referring to performance in relation to delayed discharges in mental health and learning Disability members were advised that within mental health there were 3 delayed discharges in March 2019 and 0 delayed discharges in March 2019.

Concluding her presentation Mrs Molloy recapped on the significant challenges facing the Trust in respect of unscheduled care and complex delayed discharge in SWAH; 62 day cancer standard; and AMH and CAMHS services. She asked the Board to note that there was sustained or improved performance within unscheduled care in Altnagelvin Hospital, 14 day and 31 day cancer standards, diagnostic, elective trajectories and dementia services.

She added that her Directorate is developing an integrated dashboard and this will combine performance with the financial context, patient experience and quality. She said that it is anticipated that this balanced scorecard approach will be shared with Trust Board.

The Chair thanked Mrs Molloy for her comprehensive presentation.



5/19/11

**FINANCE & PERFORMANCE COMMITTEE - MINUTES OF MEETING HELD ON 2 APRIL 2019**

Dr McIlroy referred members to the minutes of a meeting of the Finance and Performance Committee held on 2 April 2019.

He drew members' attention to discussion on the South West Acute Hospital's performance against the 4 hour standard in ED. Dr McIlroy said there was an incremental increase in the number of patients being seen across the Trust within existing resources.

Dr McIlroy explained to members that this Committee allowed Non-Executive Directors to consider the detail of performance across the Trust in greater detail.

5/19/12

**PARTNERSHIPS BETWEEN DEPARTMENTS AND ARM'S LENGTH BODIES – NI CODE OF GOOD PRACTICE**

Dr Kilgallen referred members to the above Code of Good Practice issued by the Permanent Secretary. She said the Code was developed through the participation of a representative working group of key stakeholders to derive greater value from a partnership approach, and to bring greater consistency to relationships between Departments and their Arms' Length Bodies.

Following consideration members noted the content of the Code.

5/19/13

**DELIVERING VALUE**

Dr Kilgallen advised members that the Trust has been permitted by the DoH to establish a 36 month programme of Financial Recovery. To assist with this the Trust has established a new Programme of work called "Working Together...Delivering Value".

Dr Kilgallen said the Programme has been informed and supported by an external expert who worked closely with the Trust's senior team during February and March 2019. The external support will periodically be invited back to provide further support to the Chief Executive and assurance as to the progress of the work.

During March, Dr Kilgallen said the Trust commenced its formal preparations for mobilisation of the Delivering Value Programme which included establishing a small Project Management Office. There has also been discussion and agreement of 5 Big Programmes of Work which will span the life of the programme and will involve major service redesign. Dr Kilgallen said the data from these 5 programmes is out of kilter from other Trusts.

Dr Kilgallen said there has also been a series of workshops to secure projects which are shorter in nature and will yield savings in the shorter term.

Referring to the Trust's run rate Dr Kilgallen advised that it had reduced in the last 2 months, but would finish in 2018/19 at 6% higher than the previous year. She said that Service Directors have not fully completed/costed their tactical projects in their areas, resulting in an exceptionally low level of cost/expenditure reduction from that source.

In the absence of significant planned savings from tactical and other work, Dr Kilgallen said the Trust will be required to rely on run rate reductions from other sources.

Dr Kilgallen said the Trust's Director of Finance has continued to meet with the Deputy Permanent Secretary to move ahead with the evidence required on key areas of financial pressure. She added that it is expected that the Trust will meet formally with the Permanent Secretary in early June for the next formal Oversight meeting of the Trust's financial recovery programme.

Dr Kilgallen referred to the significant improvement taking place across the Trust and said that it is important for the Trust to capture this going forward.

Dr McIlroy referred to tactical saving and asked how important are these in the first year. Dr Kilgallen said they are very important as these have a direct impact on the run rate reduction targets.

Mr Campbell asked how Trust Board would be kept informed of this work.

Dr Kilgallen suggested that a stock take should place in June with the external support making a formal assessment of progress to date. This stock take would then be shared with members so that discussions can be held and decisions made.

Mr Hegarty said members needs an assurance of progress being made.

Mrs Mitchell assured members that significant work has been undertaken. She said that from the creation of the Trust, the Trust has delivered £70m of savings. She said the health care system does not have sufficient money to keep up with the pace of demand. However, she noted that that said the Trust must deliver a downturn on its expenditure.

Dr McPeake referred to the largest area of expenditure within the Trust in respect of its staff and discussion continued on agency and locum staff, absenteeism and productivity. Mr Hegarty said it is important to note that savings are not made from the total of the Trust's budget, but only the staffing element.

Mrs McConnell advised that she is the sponsor lead in respect of managing absenteeism and that a challenge for the Trust is that it employs a largely young female workforce. She said historically the Trust has been able to manage maternity leave within nursing from existing resources but this is now not the case. She said

that the Trust does manage this proactively and HR will continue to support managers in driving down absenteeism.

Dr O'Mullan said the issues around workforce will be discussed at the People Committee.

Dr McIlroy welcomed the work that is being taken forward and said that the revised governance structure takes cognisance of this.

5/19/14

## **POLICIES**

### **Risk Management**

This policy was deferred to the next meeting.

5/19/15

## **PATHFINDER INITIATIVE – UPDATE**

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

He reminded members that the initiative had been established to look at how the Trust can deliver sustainable health and social care services in Fermanagh and West Tyrone. Mr Downey said that key to doing this is by examining population health data, looking at ways we can improve what we currently do, and by listening to the local community of Fermanagh and West Tyrone.

Mr Downey advised that he had facilitated 62 community engagements and met with over 2,200 members of the public and other key stakeholders. He said at these meetings there had been robust discussion about the issues that matter most to the community.

Mr Downey briefed members on the appointment of the Experts by Experience who have been appointed to help guide planning and delivery of services.

Mr Downey briefed members on the Pathfinder Summit held on 9-11 April with Prof Bengoa and on the success of the event. He said there is a momentum to make health and social care sustainable in this community.

Dr McPeake referred to using population health information and the reference to housing and the impact of poor housing on health. Mr Downey confirmed that Fermanagh has the largest number of unfit dwellings and this can be seen by the number of people availing of acute services for respiratory illnesses. He added that providing domiciliary care services to some of the more rural areas in Fermanagh and West Tyrone is a huge challenge for the Trust. Mr Downey said that part of the Initiative is about bringing the acute hospital closer to the community in partnership with other Government agencies. He said plans to enhance the work of the South

West Acute Hospital is to be welcomed and said that recently there had been a significant number of applications for a Consultant post.

Mr Downey advised members that at the next Board meeting he would a report of where Pathfinder has got to and a plan for next steps.

Members commended Mr Downey for the work undertaken to date.

5/19/16

### **SCHEDULE OF DELEGATED AUTHORITY 2019/20**

Mrs Mitchell advised that the Chief Executive is responsible for the regularity of all Trust expenditure. In discharging this accountability the Chief Executive has delegated to various Trust staff the authority to commit the Trust to expenditure.

Referring to the updated Schedule for 2019/20, Mr Mitchell advised that the document set out those officers to whom authority had been delegated and the limits on that authority. She said the Schedule of Delegated Authority should be read in conjunction with the Trust's Scheme of Delegation.

Mrs Mitchell commended the updated document for members' approval.

Mr Hegarty asked if the delegated authority levels are consistent with the Trust's approach to its Delivering Value Programme. Mrs Mitchell advised that the Trust's approach is to change the culture and devolve budgets so that managers have clear ownership and accountability for their relevant budgets.

5/19/17

### **PEOPLE COMMITTEE – MINUTES OF MEETING HELD ON 17 APRIL 2019 & REVISED TERMS OF REFERENCE**

Dr O'Mullan referred members to the draft minutes of the People Committee held on 17 April 2019. She reminded members that this Committee had been established as part of the review of governance arrangements to look at workforce challenges facing the Trust.

Dr O'Mullan referred to a revised Terms of Reference. Following consideration these were unanimously approved by members.

Dr O'Mullan led members through the detail of the minutes.

Dr McIlroy commended the comprehensive minutes and referred to point 8 in respect of the Workforce Strategy Update. It was clarified that there is a focus regionally on the introduction of a single employer for Junior Doctors. As junior doctors rotate 6 monthly this should avoid them having to move emergency tax code when they move Trusts. It was noted that this is being piloted in 2 specialities in August 2019 and will be rolled out to other areas after that on a phased basis.

Following consideration the minutes of the People Committee held on 17 April were approved by members.

5/19/18

**TENDER AWARDS**

There were no Tender Awards for consideration

5/19/19

**TRUST FUNDS**

There were no Trust Funds for consideration.

5/19/20

**ANY OTHER BUSINESS**

There were no further items of business.

5/19/21

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 13 June 2019 at 10 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

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**Mr S Pollock, OBE  
Chair  
13 June 2019**