

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 13 June 2019 at 10 am in Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

Mrs R Laird, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Dr C O'Mullan, Non-Executive Director
Dr J McPeake, Non-Executive Director

Mr K Downey, Deputy Chief Executive
Dr D Hughes, Medical Director
Ms D Mahon, Interim Director of Women and Children's Services
Mrs G McKay, Director of Acute Services
Ms K O'Brien, Director of Mental Health and Disability 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

Mrs D Keenan, Assistant Director of Nursing
Mr O Kelly, Head of Communications
Mr C Curran, Communications, Public Affairs & Digital Media Manager
Mrs M McGinley, Office of the Chairman/Chief Executive

6/19/1

CONFIDENTIAL ITEMS

6/19/2

CHAIRMAN'S BUSINESS

The Chairman began by welcoming everyone to the June Board meeting in Londonderry. He particularly welcomed Mrs Laird, Non-Executive Director, to her first Board meeting and asked her to introduce herself to members.

- The Chair acknowledged that this was the last Trust Board meeting for Mrs Mitchell, Dr Hughes and Mr Downey who would all retire on 28 June.

On behalf of the Board he thanked them for their commitment, dedication and professional judgement over their long service. He wished them long and happy retirements.

- This week the Chair and Chief Executive along the Permanent Secretary and Non-Executive colleagues interviewed for the Director replacements.

The Chair said he was delighted to advise that the following appointments were made:-

- Mr Neil Guckian was appointed Director of Finance. Mr Guckian is substantively the Director of Finance at the South Eastern Trust although for an interim period he has been acting Chief Executive of that Trust;
- Ms Deirdre Mahon was appointed Director of Women and Children's Services – Ms Mahon is currently interim Director;
- Dr Catherine McDonnell was appointed Medical Director. Dr McDonnell is a Consultant Psychiatrist but is leading on the Trust's Flow Coaching Academy.
- The Chair welcomed Dr Ying Kuan, Associate Medical Director, who was observing today's meeting as part of the Nye Bevan leadership programme. This programme is to enable participants to develop skills, knowledge, attitudes and behaviours to succeed and operate successfully at executive levels as part of the Board.
- During the month Mrs Bernie Michaelides, Head of Intermediate Care/Lead Nurse was successful in securing the "Queen's Nurse" title for community nursing in the Western Trust. Mrs Michaelides will attend the presentation on 21 June in London whereby she will receive a medal and certificate.
- On 7 May the Chair took part in the Quality Improvement 'Dragons' Den' competition where staff presented an idea to improve the safety, quality and experience for patients/clients. Innovative ideas were encouraged and this competition provided the platform for ideas to be heard.

The winner of the Altnagelvin den was the Physical Disability Team. This Team is going to organise an International Day of Person's with a Disability on 3 December 2019. In the South West Acute Hospital there were joint first place winners: Acorn Centre, Oak Ward T&F Hospital – funding to develop a sensory room and Beechlea Children's Home – the establishment of a therapeutic room.

- During the month the Chair began his meetings with members of the Corporate Management Team. He said he had greatly valued these meetings as they had let him hear of the challenges and opportunities which exist within each Directorate. He also advised that he will be visiting various areas across the Trust over the summer period.

- Concluding his report the Chair referred to a number of forthcoming workshops and advised that Mrs McGinley would confirm details with members for their diaries.

6/19/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen advised that she would email her quarterly report to members after the meeting however she would like to focus on paying tribute to the 3 Directors about to retire.

6/19/4

APOLOGIES

Apologies were received from Mrs Woods, Mr Hegarty and Mr Campbell, Non-Executive Director and Dr Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services.

6/19/5

DECLARATION OF INTERESTS

There were no declarations of interested expressed.

6/19/6

MINUTES OF PREVIOUS MEETING – 2 MAY 2019

The minutes having been previously distributed were proposed by Dr McIlroy and seconded Dr McPeake as a true and accurate record of discussion.

6/19/7

MATTERS ARISING

There were no matters arising.

6/19/8

QUALITY AND SAFETY

Patient Story – Acute Services

Dr Kuan welcomed Ms Eamie Gormley and Ms Heather Vance to the meeting who wanted to share their story in relation to accessing Renal Services in the Western Trust. She shared how they have engaged in the ShareHD programme where patients, through their own choice, develop the skill to actively participate in aspects

of Haemodialysis treatment. This is normally regarded as a complex technical undertaking. The programme makes this possible by using a step wise approach, emphasizing autonomy and shared decision making at all stages.

Ms Gormley shared her story of being on dialysis on a regular basis in Omagh and said she is an active advocate of all the positive changes that being a participant in the ShareHD programme that has brought her. She said is currently awaiting a kidney transplant. She has been active in advocating that other patients should be given the freedom to pursue participating in their own treatment as well as promoting what this means to her. Her advocacy of this has included recent successful participation in fundraising for equipment to enhance ShareHD.

Ms Vance said being a participant in ShareHD gave her a renewed purpose to the extent that she is able to focus on the importance of having a transplant. She said she was successfully transplanted in 2018 and is currently doing well. She said she remains active in promoting the positive aspects of shared decision making in her own care, and what this has meant to her in actualizing the purposes of the treatment, and what getting well again means.

Mrs McKay said she was very proud of the Trust's renal service and said that it demonstrated that patients such as Ms Gormley and Ms Vance were experts in their own care.

The Chair thanked Ms Gormley and Ms Vance for sharing their stories with the Board.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr Hughes advised members that a regional IHRD stocktake event was held on 29 May which was attended by members of the IHRD workstreams and sub groups and Trust representatives. He outlined the purpose of the event and said the programme provided the opportunity for attendees to hear feedback from a number of workstreams on their work and progress to date and to participate in group sessions in relation to being open.

Dr Hughes also advised that there was also a session on readiness for implementation and he provided a Western Trust perspective on the opportunities and challenges in making the recommendations a reality.

Dr Hughes advised that one of the main recommendations arising from the Inquiry is the need for a statutory Duty of Candour which will apply both to healthcare organisations and the individuals who work in them. He said alongside this are a number of recommendations which also relate to a culture of openness and transparency in health and social care. Dr Hughes reported that the Department of Health has established a Duty of Candour workstream and a "Being Open" subgroup to take forward these recommendations. Dr Hughes said the DoH wants the involvement of HSC staff in this work and to support this a series of staff engagement workshops are planned in June for each Trust to help shape and inform thinking of the workstream.

Continuing Dr Hughes advised that the last meeting of the IHRD DoH/Trust Oversight Committee took place on 30 April. Members noted an updated Trust IHRD Dashboard/Action Plan.

Dr McIlroy commended the work carried out to date and commended the Trust for working so closely in areas to rapidly action the recommendations coming forward.

Infection Prevention and Control Update

Dr Hughes referred members to an update report within papers. He said the Department of Health has not yet issued new healthcare-associated infection (HCAI) reduction targets for 2019/20. These targets relate to *Clostridium difficile* (*C. difficile*) associated disease, Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia and gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*.

In relation to the current *C. difficile* performance Dr Hughes reported that so far this year 13 cases of *C. difficile* had been reported.

Moving to the current MRSA Bacteraemia performance, members were advised that since the beginning of April 2019 no MRSA bacteraemia cases had been reported. As of 4 June 2019, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin – 211 days

South West Acute Hospital (SWAH) – 1207 days

Omagh Hospital & Primary Care Complex – 1596 days

In respect of current GNB Performance, members noted that as of 4 June 2019, 4 healthcare-associated GNB cases had been reported.

Dr Hughes referred to discussion regarding an increase in *C. difficile* in Ward 32. Dr Hughes assured members of the actions and learning resulting had provided greater detail around the issues in Ward 32.

Dr Hughes continued by referring to the Antimicrobial Management Team which met on 15 May 2019. He said discussed were the Antibiotic Review Kit (ARK) and a Target Monitoring Report. Members were advised that the Trust met the piperacillin-tazobactam reduction target and the carbapenem reduction target for 2018/19 however the total antimicrobial consumption increased so that target had not met.

Concluding his report Dr Hughes advised that during quarter 4 of 2018 the Trust's compliance with surveillance related documentation in respect of caesarean section surgical site infection was 77%. That is the same as the average compliance rate in Northern Ireland as a whole.

Dr McIlroy commended Dr Hughes' report and said that since he had joined Trust Board he had seen a substantive improvement in performance in respect of *C.*

difficile. He commended Dr Hughes' integrity and paid tribute to him for all work in leading on this area.

Dr Hughes advised that the PHA has agreed to split the recording of health care acquired and community acquired infections however the Trust has not been advised of its target for 2019/20.

Environmental Cleanliness Update

Mrs Keenan referred members to the Environmental Cleanliness Audit Report Overview for the period January – March 2019.

Mrs Keenan advised that in respect of health centres a joint focussed piece of work is being carried out and progress is being made.

Dr McIlroy commended the incremental improvement in this work and asked that staff are commended for improvements made.

The Chair sought clarity in respect of the ownership of Health Centres. Mrs Keenan said there is a mixture of Trust and GP owned and said that the Trust is working with Health Centres and Estates colleagues to make improvements. She said that high risk areas are being addressed first.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Trust's Corporate Risk Register and Assurance Framework. He said there are 25 risks on the CRR as approved at Trust Board on 2 May 2019.

The Chair referred to a forthcoming workshop in October and advised that this would give members the opportunity to discuss each risk on the corporate register in detail and receive assurance with regard to how they are managed.

Following consideration members unanimously approved the proposals in respect of the revised risks.

Following consideration members unanimously approved the proposed change of risk leads.

Members were referred to an update on actions from risk register workshop in December 2018.

6/19/9

AUDIT AND RISK ASSURANCE COMMITTEE MINUTES FOR MEETING HELD ON 13 MAY 2019

Dr O'Mullan referred members to the minutes of an Audit and Risk Assurance Committee meeting held on 13 May.

Members noted that 3 internal reports have been referred to the Delivering Value Management Board as the timely implementation of their recommendations will assist the financial recovery programme.

Members noted that the Committee reviewed the Head of Internal Audit Annual Assurance Report and welcomed the overall opinion of satisfactory for 2018/19.

In respect of outstanding internal audit recommendations, members noted that 213 recommendations were fully implemented, 65 were partially implemented, and 1 was not implemented which compares very favourably with other Trusts.

Dr McPeake raised a query regarding an SPA session. It was noted that this issue had now been resolved but Dr O'Mullan said she would raise this at the next meeting of the People Committee.

Concluding Dr O'Mullan advised that the Committee had approved the Annual Internal Plan for 2019/20 and the 3 Year Plan.

6/19/10

AUDIT AND RISK ASSURANCE COMMITTEE MINUTES FOR MEETING HELD ON 11 JUNE 2018

Dr O'Mullan referred members to the minutes of the Audit and Risk Assurance Committee meeting held on 11 June.

She said the Committee reviewed the External Auditors report to those charged with governance and Committee agreed to recommend approval of the Trust Accounts to Trust Board. Dr O'Mullan also advised that the Committee agreed the final changes to the Trust Governance Statement for 2019/20.

Dr O'Mullan invited Mrs Mitchell to present the accounts to members for approval.

6/19/11

APPROVAL OF THE ANNUAL ACCOUNTS FOR 2018/19

Mrs Mitchell presented to members the draft accounts for the year ended 31 March 2019. She tabled supplementary papers in relation to related party transactions, staff numbers and related costs and a remuneration report.

Mrs Mitchell said following consideration and approval today the accounts would be forwarded to the Department of Health for audit certification and should be laid before the Northern Ireland Assembly on 28 June. Mrs Mitchell said the Annual Accounts would be presented to the public at the September Trust Board meeting.

Mrs Mitchell confirmed that the Trust stayed within its authorised deficit ending the year £24.374m.

Mrs Mitchell confirmed that the Trust stayed within the Capital Resource Limit and reported that the Trust's management costs for 2018/19 was 3.1%.

Mrs Mitchell referred to the Trust's performance against the Public Sector Prompt Payment Policy. She said 92% of all bills had been paid within 30 days or other agreed payment terms and 77.5% had been paid within 10 days or other agreed payment terms.

Mrs Mitchell stated that the Chief Executive as Accounting Officer for the Trust had signed a statement on internal governance arrangements.

Mrs Mitchell advised members that disclosure had been made on the amounts received by Trust Board members relating to salary, pension and benefits in kind. She said the annual report would also report the earnings of the highest paid earner at Board level represented as a ratio against the median staff salary. Mrs Mitchell tabled the Remuneration Report.

In relation to the Voluntary Exit Scheme/Ill Health Retirement, members were advised that during the year 1 staff left under the VES scheme costing £5k and there were 40 early retirements from ill health.

Members were advised that no printed version of the Trust's Annual Report would be published for 2018/19. She said the annual report would include performance and accountability reports to be signed by the Chief Executive.

Concluding her report Mrs Mitchell advised members in respect of the statements for patients' property, charitable Trust Funds statement of financial activities 2018/19 and charitable Trust Funds statement of financial position as at 31 March 2019.

Dr McPeake referred to the gender balance and asked if the Trust had information on gender pay gap across the workforce. Mrs Mitchell said the Trust did not have information in this way however the Trust provides the average pay comparison to the highest paid member of the Trust Board.

Mrs McConnell advised the Trust will be asked to provide this information as it is likely to become a legal requirement. Dr O'Mullan thanked Dr McPeake for his comment and suggested that the People Committee should begin to undertake some preparatory work on this. This was supported by Dr McPeake.

Following consideration members unanimously approved the Trust's draft Annual Report and Accounts for both Public Funds and Charitable Trust Funds for 2018/19, as proposed by Dr O'Mullan and seconded by Dr McIlroy.

Dr McIlroy commended the Trust for remaining within its authorised deficit. He said in respect of Trust Funds he said the Endowment and Gifts Committee had reduced Trust Fund balance during the year.

Mrs Mitchell thanked all the Directors and their managers for their hard work in getting the Trust to this financial position.

The Chairman thanked Mrs Mitchell for her presentation. He said he was pleased with the satisfactory audit and commended all staff on this financial position. He said Directors were working hard and recognised the significant challenge facing the Trust and said the CMT could be assured of the Board's support.

6/19/12

REVISED TERMS OF REFERENCE FOR AUDIT AND RISK ASSURANCE COMMITTEE

Dr O'Mullan referred members to a revised Terms of Reference for the Audit and Risk Assurance Committee. She referred to proposed changes on pages 3, 4 and 7.

Discussion took place regarding the proposed amendment to attendance and attendance by a representative from the Department of Health. It was agreed that clarity should be sought in respect of which meeting the DoH representative should attend and the paragraph be amended to reflect this. It was felt that the DoH representative should not attend a private meeting with the External and Internal Auditors.

Subject to this clarify the revised Terms of Reference were unanimously approved.

6/19/13

MANAGEMENT STATEMENT AND FINANCIAL MEMORANDUM

Mrs Mitchell said it is a requirement of the Trust to annually bring the Management Statement and Financial Memorandum to Board for formal approval.

Following consideration members unanimously approved the documents.

6/19/14

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for month ending April 2019. She said her presentation would focus on developments entering 2019/20 which would include accountability meetings with commissioners and DoH, performance improvement trajectories for this year, waiting list initiative planning and month 1 performance highlights.

Mrs Molloy referred to the recent accountability meetings. The Trust recently met with DoH for the end year "Ground Clearing" meeting which precedes the formal annual accountability meeting the Permanent Secretary hold with the Chairman and Chief Executive. A number of significant issues were discussed affecting Trust performance, however there were no issues identified as requiring escalation to the annual accountability meeting.

Looking at challenges in 2019/20 Mrs Molloy advised that the services most challenged are:-

- 14 day and 62 day cancer
- Endoscopy
- Unscheduled Care
- Elective services
- Mental Health services, specifically CAMHS and Adult Mental Health

Members were advised that the DoH is continuing to operate its performance framework with Trust in the same way as previous years, utilising predictive improvement trajectories in 2019/20 given the acknowledgement that a number of ministerial standards cannot be met. She noted that the Trust was completing work on commitments to trajectories in 19/20, however the Trust's financial allocation is awaited which will determine what resource level is available to support these plans.

Moving to performance highlights, Mrs Molloy commenced with the 14 day breast cancer standard and advised members that for April 2019 the Trust had delivered 100%. In respect of the 31 day standard members were advised that during April, 97.9% of patients received their first definitive treatment within 31 days of a decision to treat. Referring to the 62 day standard Mrs Molloy advised that during April, 58% 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. Mrs Molloy advised that 28 patients breached the standard and a large proportion of this number related to Inter Trust Transfers. Discussion took place regarding this performance and Mrs Molloy agreed to provide this detail in the following month's presentation.

Mrs Molloy advised that at the end of April 2019, 79% of patients were waiting less than 9 weeks for a diagnostic test against the standard of 75%. She said the number of patients waiting longer than 9 weeks was 2,147 and the number of patients waiting longer than 26 weeks was 296. In respect of the target that all urgent diagnostic tests are reported on within 2 days, the Trust's performance at April was 87%. The primary areas with patients breaching the 9 week standard are cardiology investigation, and audiology, and that work is ongoing to recover the position in these areas.

Discussion continued on endoscopy and the standard that no patient waits longer than 9 weeks for an endoscopy. It was noted that the Trust has 1,148 patients breaching this standard and that this had grown progressively in recent months despite efforts from the Trust service team to bring forward additional capacity.

Moving to unscheduled care ED performance, Mrs Molloy advised that during April the Trust's performance against the 4 hour standard had been 68% with 514 patients waiting longer than 12 hours. In relation to treatment following triage the Trust's performance had been 82%.

Members were advised that during the month the Trust had again seen increased attendances at ED, and saw an increase of 10% from April 2018. Performance against the 4 hour and 12 hour standards in April 2019 had been 68% with 514 patients waiting over 12 hours.

Mrs Molloy advised that performance against the 4 hour standard had fallen by average by 6% since the same month last year, but that the most significant deterioration had been against the 12 hour standard, as there had been an increase in 430 patients waiting over 12 hours in ED as compared to April 18. This was of considerable concern to the service team and to CMT, and was a clear indicator of the increasing difficulties in maintaining flow from ED with reduced bed capacity issues, and delayed in the discharge of patients.

Continuing with elective access Mrs Molloy advised that in relation to new outpatients appointments the Trust was delivering at -18% against core. She reported that 27,844 patients were waiting longer than 9 weeks and 13,586 patients were waiting longer than 52 weeks.

In relation to inpatient/day case, Mrs Molloy advised that the Trust was delivering -12% against core with 12,207 patients are waiting more than 13 weeks and 5,503 patients waiting more than 52 weeks.

Mrs Molloy summarised areas requiring improvement against mental health standards, and that at 30 April the breach position had increased to 757 in comparison to March 2019.

Referring to CAMHS Mrs Molloy advised that at April 2019 the breach position had increased to 116 patients waiting longer than 9 weeks in comparison to March 2019. She added that regionally at the end of March, 487 patients were waiting longer than 9 weeks compared to 453 at the of February. Members were advised that staffing levels had been affected by the recruitment exercise to established the primary care MDTs by the Derry GP Federation and the Trust, and that a high proportion of the staff appointed had been drawn from core social work staff and services. A data quality improvement project is underway to review dataset and ensure accuracy of all waiting list information.

Mrs Molloy referred to Psychological Therapies and advised that performance at the end of April 2019 had also declined from March with 571 patients waiting more than 13 weeks. She added that regionally at the end of March, 2,006 patients were waiting longer than 13 weeks compared to 1,968 at the end of February 2019. WLI funding is being sought from the Health & Social Care Board to improve this position and the Trust is working with professional teams to consider new models of skill mix and operational provision, given the shortage of clinical psychologists. The Chair thanked Mrs Molloy for her informative presentation.

6/19/15

FINANCE & PERFORMANCE MINUTES – 30 APRIL 2019

Dr McIlroy referred members of the minutes of a Finance and Performance Committee meeting held on 30 April for information.

6/19/16

DRAFT HEALTH AND WELLBEING STRATEGY 2019-2021

Dr McPeake referred to page 6 of the report regarding health of the population of the Western Trust. It was noted that the Trust does not at this stage capture specific health information on staff and following discussion Mrs McConnell agreed to speak to Dr McPeake about how the Trust could do this.

Discussion continued on how the Trust will measure the success of the Strategy. Mrs McConnell said that this would be achieved through update on the various activities that are being offered.

Members commended the strategy and liked how it is linked to the Trust's strategic priorities.

Following consideration the strategy was unanimously approved by the Board.

6/19/17

DELEGATED STATUTORY FUNCTIONS REPORT - ANNUAL REPORT FOR PERIOD 1 APRIL 2018 TO 31 MARCH 2019

Ms Mahon referred members to the Delegated Statutory Functions annual report for the period 1 April 2018 to 31 March 2019 including the Corporate Parenting Report (CC3/02). She said it was coming for approval in advance of being forwarded to the Health and Social Care Board and the Department of Health. She added that the Trust's accountability meeting with the HSCB to discuss the report would take place on 26 June 2019.

Ms Mahon shared some of the key outcomes as described within the annual report:-

- There is an increase of 26% in unallocated cases within FIS since same reporting period last year.
- The number of children on the Child Protection Register has increased within the last year by 17%.
- Kinship Care is 47% of the total Looked after Children population.

- Ongoing Quality Improvement Projects throughout the Trust continue to present positive changes and results.

Ms Mahon said the main challenges facing the service is the increase in the number of children in need and the increase in children looked after.

Moving to the statistical information within the report Ms Mahon advised that:-

- At March 2019 there are 6,135 children in need. This represents an increase of 9% since March 2018. There were 1,530 cases closed during the period October 2018 to end of March 2019 which indicates significant activity.
- At March 2019, there were 493 children on the child protection register. This represents an increase of 60% from March 2012 reporting period.
- At March 2019 there were 330 registrations on the child protection register, 53 registrations where re-registrations and 232 de-registrations.
- At March 2019 there were 647 Looked After Children. This is a 63% increase in Looked After Children since September 2011.

Ms Mahon continued to advise members of the current and emerging issues for the Women and Children's Directorate, Adult Mental Health and Disability Director and Primary Care and Older People's Directorate Directorates within the report.

In concluding her report Ms Mahon provided assurance to members in respect of:-

- Bi-monthly update meetings are taking place with social work leads;
- Each Directorate has Delegated Statutory Functions as a standing item on its Senior Management Team meetings;
- Local Action planning with Commissioners is taking place;
- Revised systems for the quality assurance of the delegated statutory functions return have been implemented;
- The Trust will continue to implement Signs of Safety and Adverse Childhood Experiences to drive change in practice;
- The impact of Universal Credit and the impact of the social determinants on the population health profile is ongoing;
- Excellence in Community Care is driving service improvement across adult Programmes of Care.

Ms Mahon recommended the delegated statutory function annual report 2018/19 to members for approval.

The Chair thanked Ms Mahon for her very comprehensive report and presentation.

Dr McIlroy thanked Ms Mahon for her detailed report and referred to the incremental increase in the number of LAC and the associated cost and said it was important the Trust seek the required financial support for this.

Following consideration members unanimously supported the annual report.

6/19/18

PATHFINDER INITIATIVE – UPDATE

Mr Downey was joined by Mr C Curran, Communications. He said he wanted to acknowledge the Pathfinder Team which were working hard on this Initiative but in particular he wanted to thank Dr Hughes and Mr Curran for their support.

Mr Downey said the interim report brought to a close the first phase of the work. He referred to the community engagement events which had taken place across Fermanagh and West Tyrone which allowed the Pathfinder Team to visit and engage with local communities. He said the Trust had engaged with over 2,500 people and was the biggest engagement event undertaken by the Trust. Mr Downey said following today's consideration and approval of his report he would intend to issue it to interested parties.

Mr Downey said the process also gave the Trust the opportunity to examine the challenges facing local services. He referred to the key strategic documents which had an influence on the Trust's approach. He shared population statistics for the area and the number and location of GP practices. He said the statistics showed significant gaps in the Pathfinder areas.

Mr Downey shared the Pathfinder structure moving forward. He outlined the reporting structure and said the Strategic Group would report to Trust board on the main strategic direction and future planning of the Pathfinder Project. He said this would be led by the Chief Executive.

Referring to the Operational Group Mr Downey said this Group would incorporate Assistant Directors across hospital and community interfaces working as one system to improve health and social care service. The Group would also include GP representative and would be responsible for the collective direction and planning of services across the Fermanagh and West Tyrone geography.

Mr Downey proposed to members that the lead for the Pathfinder Project given his pending retirement would be the appointment of an independent chair.

Mr Downey assured members that Pathfinder has production at the core of its agenda and said to assist with this he referred to the appointment of the 5 Experts by

Experience. Mr Downey said the Experts by Experience Chair would sit on the Strategic Group and each working group would have EbE representation. He said they will help guide and influence and uphold the principles of co-production.

Moving forward Mr Downey said “Connected Communities” would be a main feature of the Pathfinder work and said it would determine the focus of the work undertaken. Mr Downey said a business case on this will be developed for consideration and approval by the Department of Health.

Mr Downey concluded by commending his report to members for their approval.

The Chair asked Mr Downey to recap on the decisions required. Mr Downey sought the Board’s approval of:-

- Governance structure – working in systems and not structures;
- Appointment of an independent chair subject to Terms of Reference;
- Support 2 prototypes moving forward in relation to Connected Communities and Workforce.

Mr Downey’s proposals were unanimously approved having been proposed by Dr McIlroy and seconded by Mrs Laird.

6/19/19

BOARD GOVERNANCE ASSESSMENT 2018/19

Dr Hughes referred members to the Board Governance Annual Self-Assessment 2018/19 attached within papers for discussion and approval. He said evidence had been updated to include new governance structures and Terms of Reference, QICR reports, and Rapid Review papers.

Following consideration members unanimously approved the Assessment for 2018/19 and approved the action plan for 2019/20.

6/19/20

#WT HEROES – WESTERN TRUST HIDDEN HEROES CAMPAIGN

Mrs Molloy was delighted to present to members the Trust’s Heroes Marketing Campaign ahead of its official launch. She said the aim of the programme is to deliver a promotional campaign on the recently developed strategic vision and supporting themes of a great place to start life, to live well, to work and to grow old. She said it will demonstrate the added value that HSC staff have in their local communities and will portray the human aspect of the service and highlight the valuable contributions made by all staff across the wide variety of roles performed within the HSC family.

Following consideration of a short DVD members unanimously supported the campaign and its formal launch.

6/19/21

GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 27 MARCH 2019

Dr McIlroy referred members to the minutes of a meeting of the Governance Committee meeting held on 27 March for approval.

Following consideration the minutes were unanimously approved.

6/19/22

RESEARCH AND DEVELOPMENT ANNUAL REPORT

Dr Hughes referred members to the Research & Development Annual Report 2017/2018. He said the Trust's new Research Governance Controls Assurance Standard requires discussion of the R&D report at Trust Board once a year.

Dr Hughes commended the report to members.

Following consideration members unanimously approved the Research and Development Annual Report for 2017/18.

6/19/23

ENDOWMENT AND GIFTS COMMITTEE MINUTES OF MEETING HELD ON 30 APRIL 2019

Dr McIlroy referred members to the minutes of a meeting of the Endowment and Gifts Committee held on 30 April for approval.

Dr McIlroy said that he was pleased to report that during the period the Trust had been able to spend more funds than what was received.

Following consideration members unanimously approved the minutes.

6/19/24

POLICIES

1. Management of User Accounts and Password
2. ICT Disposal
3. Malicious software
4. Server, desktop and portable security
5. Gifts and Hospitality

Following consideration the above policies were unanimously approved by members.

6/19/25

TENDER AWARDS

There were no tender awards for consideration.

6/19/26

TRUST FUNDS

- Practice Co-ordinator – Ms Mahon shared this proposal with members for approval. Following consideration members gave it their unanimous approval.
- Autologic Mattresses and Pumps for Palliative Care Patients at SWAH - Mrs Keenan shared this proposal with members for approval. Following consideration members gave it their unanimous approval.

6/19/27

ANY OTHER BUSINESS

There were no further items of business.

6/19/28

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board meeting will take place on Thursday, 1 August 2019 at 10.00 am in the Denis Desmond Room, MDEC Building, Altnagelvin Hospital, Londonderry.

Mr Sam Pollock
1 August 2019