

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 1 August 2019 at 10 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry**

**PRESENT**

Mr S Pollock, Chair  
Dr A Kilgallen, Chief Executive

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

Dr C McDonnell, Medical Director  
Ms A Friel, Acting Director of Acute Services  
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services  
Ms D Mahon, Director of Women and Children's Services  
Ms K O'Brien, Director of Adult Mental Health and Disability Services  
Mrs T Molloy, Director of Performance and Service Improvement  
Mrs A McConnell, Director of Human Resources  
Mr A Moore, Director of Strategic Capital Development  
Mrs K Bryson, Acting Director of Finance

**IN ATTENDANCE**

Ms D McElhone, Communications Manager  
Mrs M McGinley, Office of the Chairman/Chief Executive  
Mrs W Cross, Head of Infection, Prevention and Control (agenda item 7/19/7 only)  
Mrs T Brown, Head of Clinical Quality and Safety (agenda item 7/19/11 only)

7/19/1

**CHAIR'S BUSINESS**

The Chair welcomed everyone to the August meeting in Trust Headquarters.

- He began by welcoming Dr Catherine McDonnell, Interim Medical Director, to her first Board meeting. He also welcomed Mrs Karen Bryson, Acting Director of Finance and Ms Anne Friel, Acting Director of Acute Services.

- During the month the Chair continued his familiarisation visits of the organisation visiting Labs and Pharmacy on 19 June and on 27 June he continued his visit of the South West Acute Hospital.
- On 18 June the Chair was delighted to present the certificates to the Level 2 Quality 2020 training initiative attendees. 53 staff members from 18 multidisciplinary teams completed the programme.
- Since our last meeting the Chair took the opportunity to meet with the Corporate Management Team to discuss progress on the Delivering Value Programme. He said he stressed to the Team his whole hearted support as we work hard to achieve financial sustainability, eliminate waste, improve efficiency and improve the quality of care we offer to our patients, service users and their families.

On 25 July the Chair said he also wrote to the Permanent Secretary to acknowledge the Trust Board's commitment to this work and he stressed the Board's corporate determination in honouring this commitment and to supporting the Chief Executive and corporate team. As stated to Mr Pengelly the Chair said he has made it a priority that he is briefed in detail every month on our progress against the targets set and of any major issues being encountered.

Following today's meeting the Chair said members would have a workshop where the CMT members will brief on work to date.

7/19/2

## **CHIEF EXECUTIVE'S REPORT**

Dr Kilgallen began by acknowledging the new members of the Corporate Management Team – Ms Mahon, Dr McDonnell, Mr Guckian, Mrs Bryson and Ms Friel. She also welcomed Ms McElhone attending for Mr Kelly and Dr Boyce, Surgical Specialist Trainee, who was observing today's meeting.

### **Working Together – Delivering Value programme**

Dr Kilgallen reminded members that the programme had been running since April and its aim is to achieve financial sustainability whilst maintaining or improving services and care.

She advised that there are encouraging signs of traction across the organisation in that monthly expenditure is beginning to stabilise and become predictable as we improve reporting and accountability. She added that the Trust has achieved a reduction in the numbers of agency staff across the organisation by 85, without impact on care.

CMT have met with more than 400 staff to talk about the programme and gather their ideas for reducing waste and improving efficiency, some of which have been

implemented. Dr Kilgallen said CMT were beginning to hear of examples of change which have led to improvements in care.

Dr Kilgallen referred to the introduction of a training programme specifically for staff who are responsible for deploying resources and said this has reached almost a third of the staff being targeted. She added that feedback has been positive.

Dr Kilgallen said that Directorates have developed plans for circa £6m in year savings, mostly recurrent, with £8m full year effect. She said this indicates an increase in pace of the programme although much more work lies ahead and she and the CMT looked forward to discussing the programme later today.

Dr Kilgallen referred to the Financial Plan which will be discussed later in the meeting. She reminded the Board that the Permanent Secretary has set up a stakeholder group to work in partnership with the Trust through the financial recovery process as is set out in Departmental guidance. The Permanent Secretary has yet to make decisions with regard to financial parameters that are specifically within his control. She added that in summary, the financial plan was not finalised and significant decisions remained with the Permanent Secretary. Whilst these decisions are important to inform our recovery plan, Dr Kilgallen advised that the Trust will continue to focus on the immediate work being done and on what is within our control to manage.

### **Pathfinder**

Dr Kilgallen said the Pathfinder Initiative offers a really important opportunity for innovation and work has continued since the last report to Trust Board.

At our last Trust Board meeting, Dr Kilgallen reminded members that they agreed to consider the appointment of an Independent Chair. Dr Kilgallen said her focus has been on conducting a series of listening exercises to understand what we need to have in place if we are to deliver on the ambition of Pathfinder and in that context, to scope the role and specification, for such an individual.

To date, Dr Kilgallen said she had met with the Experts by Experience and with Trust Senior Managers and tomorrow she said she would meet with members of the Pathfinder Team and of CMT to take stock. A further workshop is organised for August with a focus on Connected Communities.

Dr Kilgallen said she would provide an update to Trust Board at the next meeting with regard to the outcome of this work.

### **Transformation update**

Dr Kilgallen advised members that the Trust has received slightly more than £13m investment into a range of projects with the potential to transform how we deliver care to our population. Examples include the introduction of multi-disciplinary teams to work alongside GPs in Derry/Strabane, Our Hearts Our Minds – a preventive

cardiology programme designed for people living with, or at risk of, a heart problem - and Pathfinder.

Over the next 3 months Dr Kilgallen advised that Directors and their teams will be focusing on the evaluation of the impact of those investments and linking with colleagues in other Trusts as we do so. Since most of the funding is not recurrent, decisions will be required with regard to what we can and should continue and what we stop doing.

Dr Kilgallen added that the Trust has received additional funding in 2019/20 for a number of projects, one of which will be to set up and test a model for delivering Acute Care at Home in the Enniskillen area, so this work is being progressed.

Dr Kilgallen said the transformation projects have presented developmental and promotion opportunities for staff with the result that there has been an impact on some of our mainstream services as a result of staff movements. This is most obvious in Child and Adult Mental Health Services, Family and Child Care Social Work and in Adult Mental Health. Service managers have worked hard to mitigate this where possible and are to be commended for this.

#### **Improvement Notice issued by RQIA with regard to Adult Mental Health and Disability services**

Dr Kilgallen advised that members would be aware that the Trust received a RQIA Improvement notice in relation to incident reporting arrangements and learning from incidents within Adult Mental Health and Disability Services. She said the improvement notice draws our attention to the grading of incidents and our ability to monitor trends and learn from them.

Dr Kilgallen assured Trust Board that she had spoken with the Chief Executive and Medical Director at RQIA with regard to these notices and said that as a Corporate Management Team she believed there is an opportunity to improve our incident reporting system across all services.

Ms O'Brien as Director for the service has held a number of workshops with staff to review the findings of the independent inspections and take the learning on board. She has led the development of an improvement plan to address the issues of incident reporting for her services in the Trust area. This was reviewed at a specially convened meeting of the Clinical and Social Care Governance Sub-Group before being submitted to RQIA. Dr Kilgallen said she understood that RQIA had accepted the improvement plan and said the Trust would meet with them again in September to evidence progress.

Meanwhile, Dr Kilgallen assured members that all Directors have committed to reviewing the plan at their Directorate governance meetings and sharing the learning. She concluded that as a Trust we are committed to listening and learning so that we continuously improve our systems and processes.

7/19/3

**APOLOGIES**

Apologies were received from Mrs McKay, Director of Acute Services.

7/19/4

**DECLARATION OF INTERESTS**

There were no declarations of interest expressed.

7/19/5

**MINUTES OF PREVIOUS MEETING – 13 JUNE 2019**

The Chair referred to the minutes of the previous meeting held on 13 June which had been previously circulated.

He advised members that there were a number of corrections necessary in relation to pages 2, 5 and 8. Mr Campbell also asked that his name be removed from those listed as present.

Subject to these amendments the minutes were proposed by Dr McIlroy, seconded by Dr O'Mullan and approved by members as a true and accurate record of discussion.

7/19/6

**MATTERS ARISING**

There were no matters arising outside of those on the agenda.

7/19/7

**QUALITY AND SAFETY**

***Improvement Story – Primary Care and Older People***

The Chair welcomed Mrs Rene Graham, service user, and Mr John McGarvey, Assistant Director, to the meeting.

Mr McGarvey asked that Mrs Graham would share her patient journey with members following a stroke at home. She was admitted to Altnagelvin Hospital for treatment and then had rehabilitation in Waterside Hospital. On discharge Mrs Graham was in receipt of a reablement care package.

Mrs Graham shared that she was in hospital for 3 weeks following her stroke but that she was determined she would get back to some kind of normality. She said she

recently turned 90 past and that she had a full and normal life before her stroke. She said it was a tough journey but commended all the treatment and staff in the Trust.

Mrs Graham said she enjoyed Waterside Hospital as it was a lot quieter. She said the rehabilitation was excellent and got her ready for independent living but she was very apprehensive about going home. This was not only from the point of view of being able to manage but because she had been her son's main carer and during her period in hospital he had moved to residential care.

Referring to the reablement care package she said she had this for 3 months and this retrained her to do basic things again eg filling the kettle. She said slowly she built up the skills to live and function independently at home. She said reablement also helped her mentally too in that it gave her back confidence.

Mrs Graham also commended the Trust's Learning Disability Services and said she had very good support from them during the crisis period in relation to her son as she was no longer able to care for him.

Members thanked Mrs Graham for sharing her story. They commended her positive attitude and for recognising staff and acknowledging their hard work.

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

Dr Brown provided members with an update on the implementation of the recommendations from the Inquiry into Hyponatraemia Related Deaths.

Members noted the progress report detailing the ongoing work of the 9 workstreams and their associated sub-groups.

Dr Brown advised that the IHRD Implementation Team is currently writing up the feedback from the Duty of Candour workshop sessions held for staff in June. He said that some 600 staff attended the sessions and that feedback from the Trust was that there was nothing that gave cause for concern.

Members were referred to the Action plan and to an updated summary position at July 2019 within papers.

Mrs Woods asked if there was an end date to the implementation phase. Dr Brown said this is for the region as it is being led by the Department of Health.

Dr O'Mullan asked about training in respect of Duty of Candour. Mrs McConnell advised that this was being included in normal training but will be tested against a framework. She said the framework has not been agreed yet.

Dr McIlroy commended the level of assurance provided to members. He asked however that the Trust seek an update on progress regionally.

Mr McPeake asked if external gateway was considered part of this work. Dr Brown said this was not clear but said he could give assurance that through the

workstreams there is peer review/independence of examining progress. Dr Brown welcomed Mr McPeake's point and said that consideration should be given to this regionally.

Mr Campbell referred to his role on the "Being Open" subgroup to the Duty of Candour workstream. He said that this is a huge transformation agenda and its benefits will be wider than hyponatraemia. He said the Trust needs to ensure it provides safe care to all patients regardless of age.

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

Dr McDonnell welcomed Mrs Wendy Cross, Head of Infection, Prevention and Control to the meeting. She invited her to take members through the update report.

Mrs Cross took members through the comprehensive report as included in the papers. Dr McIlroy commended the report. He referred to hand hygiene audit scores and to the recent outbreak on Ward 32 and asked if there was anything specific that could have been done?

Mrs Cross advised that her IPC team consistently works with wards and where there is a patient with *C. difficile* the ward has to undertake a daily audit. She said IPC staff work with staff and improvement plans are put in place. She said there is also discussion at Safe and Effective Care Accountability meetings with the Assistant Director of Nursing. Mrs Cross advised that antimicrobial prescribing and visiting staff to the ward also have an impact on audit scores for wards.

Mrs Woods referred to the 29 areas that had failed to submit a self-reported hand hygiene score in June and asked if there was a reason for this. Ms Friel assured members that all non-return areas are shared with the relevant service manager and that in respect of the acute areas that had failed to submit a self-reported score the self-reported score was 100%. In respect of DESU Theatre 3 members were advised that this theatre has been closed for refurbishment.

Mr Hegarty asked if there was a link from self-reporting score and dashboard scores with hand hygiene. Mrs Cross explained that self-reported scores tend usually to be 100% but independent audits are almost never 100%. She said that self-reported audits are not the best route of assurance and it is for that reason that independent audits take place. She said the only area that gets 100% in both audits is Neonatal Intensive Care.

Dr Brown said that it is important to have self-reported scores and peer reviews so that trends on hand hygiene scores and other indicator can be scrutinised.

### **Quality Improvement Monitoring Report – Pressure Ulcers**

Dr Brown referred members to a quarterly progress report on pressure ulcers.

Dr Brown referred to the reduction in grade 3 and 4 pressure ulcers and said this was due to the success in reducing grade 1 and 2. He said the lead nurse for tissue



viability had brought a reemphasis to ward managers of the importance of skin care and skin care training.

Mr Hegarty referred to the variation on performance across wards and asked if this was normal due to the age/complexity of patients. Dr Brown confirmed this was the case and said that for patients aged 75 plus they are more vulnerable. Dr Brown said that scores are regularly reviewed through Trust governance meetings.

Dr McIlroy referred to the excellent progress made and said getting to zero would be very challenging. He referred to the significant increase in 2018/19 and the fact that about a third of pressure ulcers were avoidable. He asked if there were any link/lessons learned. Dr Brown said the work done since then had seen a reduction in the number of patients with pressure ulcers. Dr Brown said it was about consistently maintaining improvements.

Dr O'Mullan said she was very encouraged by the report. She referred to training and asked if this should be considered core training. Dr McDonnell said that there is a concerted focus on pressure ulcer prevention which has refocused staff awareness to the prevention and renewed focus on training.

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

Dr McDonnell referred to the Corporate Risk Register as approved at Governance Committee on 26 June 2019.

She referred to a number of changes for consideration and approval:-

- De-escalation of Risk ID64
- Proposed new risk
- Change of Responsible Directors following retirements

Following consideration members approved the proposal changes. Members also stated that it look forward to its forthcoming workshop so that they could understand better the scoring matrix for risks and the rationale for risks being on the Corporate risk register as opposed to Directorate risk registers and vice versa.

7/19/8

### **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING APRIL 2019**

Mrs Bryson referred members to a report on the financial performance of the Trust for the month ended 30 June 2019 contained within papers.

Mrs Bryson advised members that the agreed opening deficit included in the Department of Health financial plan is forecasting £64.7m excluding the prior year pay award. She added that the Trust has received a formal indicative allocation for 2019/20 on 26 June 2019 which has been discussed with the Health and Social Care Board and she outlined the main sources of recurrent income. She added that the



Trust had been issued with a recurrent £12.9m savings target for 2019/20 as part of the opening budget.

Mrs Bryson advised members that the current financial plan that has been discussed with the HSCB after receiving the indicative allocation on 28 June, is seeking the Trust to make in year cash savings of £15m.

Referring to the Trust's financial position as at 30 June, Mrs Bryson reported that the Trust is reporting a deficit of £10.3m. She said the primary cost pressures for both pay and non-pay related to medical, nursing, Looked After Children including Fostering and Childcare Services and Domiciliary Care. Members were referred to Table 1 which provided a summary of financial performance by Directorate. Focussing on run rate expenditure, members were advised that the average run rate expenditure for quarter 1, for both pay and non-pay, was £60.5m per month compared to the March 2019 baseline which was £60.8m. Mrs Bryson said the Trust needs to see a more significant downward reduction in run rate expenditure to support the delivery of an additional £15m savings target which has been included within the Trust's financial plan for 2019/20.

Mrs Bryson referred members to Table 2 detailing agency/bank/overtime costs by Directorate.

Mrs Bryson said that the Trust has received a capital resource limit allocation of £25.6m and referred to the prompt payment target achievement of 93%.

Dr McIlroy commended the reduction in run rates but said he would like to see further reduction on run rates and flexible staffing. He referred to the savings total of £15m and said this equated to £4.7m per quarter which is very significant.

Mr Campbell thanked Mrs Bryson for her informative report. He asked if the Trust's authorised control deficit of £15m was agreed. Mrs Bryson clarified that the Trust's financial plan is submitted as part of the Trust Delivery Plan and that there has been no sign off for our control target as yet.

Dr Kilgallen reminded members that the Trust is in a recovery process. She said that until the DoH confirms our parameters the Trust will not know its control target. Following discussion between the former Director of Finance and the Deputy Secretary at the Department in March, the Trust had been working on the assumption of a control total similar to last year i.e. £24.4m.

Mr Campbell raised concern with the Trust being asked to contribute to additional savings in 2019/20 and asked if the Trust had put forward reasons why it should not.

Mrs Bryson said the Trust's share of the additional savings needs to be discussed with the DoH.

Discussion continued on the Trust's control total. It was noted that the absence of the Deputy Secretary has added to the lack of clarity but that this position will be resolved in the coming weeks when she returns.

Mrs Laird sought clarity in respect of tactical savings and it was confirmed the Trust is continuing to progress these.

Dr Kilgallen reminded members of the unique opportunity given to the Trust during this recovery process. She said the Permanent Secretary is very clearly willing to support the Trust and he will ensure there is equity across the health and social care sector.

7/19/9

### **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy made a presentation to members concentrating on performance improvement trajectories for month 3 and key challenges concentrating on 62 day cancer standard, unscheduled care and CAMHS.

Commencing with the 14 day breast cancer standard members were advised that during for June 2019, the Trust's compliance was 100%. Mrs Molloy advised that there had been 279 patients seen.

In respect of the 31 day standard members during June 2019, 127 patients commenced treatment, 99% compliance. One patient breached – being seen at 41 days.

Referring to the 62 day standard, Mrs Molloy advised that 52.5 patients commenced treatment during June. This was a compliance of 60%. There were 21 breaches equating to 24 patients. 14 of these patients were urology. Mrs Molloy assured that this breach position is being closely monitored and that additional accountability and review processes will be introduced internally with service leads.

Continuing with the cancer performance improvement trajectories, members noted that the Trust's actual performance for the 14 day and 31 day standards exceeded predicted performance. However in relation to the 62 day standard, the Trust's actual performance fell short of the predicted performance.

Moving to unscheduled care, Mrs Molloy advised that the Trust's performance against the 4 hour standard for June had been 67% against a predicted performance of 78%. In relation to the South West Acute Hospital, actual performance had been 62% against a predicted performance of 75%. Mrs Molloy said the opening of Drumclay Transitional Care Unit and the Ambulatory Care Unit should see an improvement in this performance as both these measures are designed to improve patient flow.

In moving to patients waiting longer than 12 hour within ED, members were advised that during June there had been 132 in Altnagelvin Hospital and 221 in the South West Acute Hospital.

Mr McPeake queried if the Trust can divert people from ED. Mrs Molloy said ED operates a triage process and part of this includes discussion regarding access to

GP services. Mrs Molloy assured that the triage of patients enables assessment of the patient's clinical priority and those with minor injuries or ailments will be treated through a minor injuries stream in Altnagelvin. It was noted that those patients with the lowest clinical priority are the patients that wait the longest.

It was noted that those patients waiting more than 12 hours are generally elderly patients awaiting admission but there is no bed available.

Mrs Molloy however assured members that ED has access to a range of measures to limit delay in ED. She referred to the ambulatory care unit where patients are referred directly by their GP. The work of the Primary Care MDTs may see a change in the referrals to scheduled care and to the presentation of patients at EDs.

Mrs Molloy referred to complex discharges and said that the Trust's actual performance for April – June 2019 had been 80% against a predicted performance of 81% but that performance had fallen considerably in the month.

Referring to inpatient/day cases delivery of core performance improvement trajectory, members that the Trust's actual performance had been -8% against a predicted performance of -11%. In relation to new outpatients, the Trust's performance had been -16% against -14%.

Mrs Molloy continued on the Trust's Waiting List Initiative for 2019/20. She said £4m is available regionally and only in-house plans are approved to proceed. She advised that the Trust has received approval for its full in-house waiting list initiative bid totalling £1.867m and that the Trust has submitted other WLI bids for AHP, Psychological Therapies and independent sector.

Mrs Molloy referred to performance improvement trajectory for endoscopy. She said that as at June 2019, 864 patients were waiting against a predicted 850 patients.

In relation to CAMHS, it was noted that 179 children await an appointment which is lower than the predicted position of 199 and this concerning position is predicted to worsen each month. The Trust has formally escalated the matter to the HSCB and requested a meeting on what further measures may be possible.

The Chair thanked Mrs Molloy for her informative presentation.

7/19/10

### **PATHFINDER INITIATIVE – UPDATE**

The Chief Executive's update provided under her business report was noted. The paper distributed with packs was also noted.

7/19/11

## **POLICIES**

- Risk Management
- High & Low Voltage Policy

Mrs Brown was welcomed for the Risk Management Policy and led members through the proposed revisions to this regional policy.

Following consideration both policies were unanimously approved.

7/19/12

## **CORPORATE PLAN 2019-21**

Members unanimously approved the Trust's final Corporate Plan 2019/2021. It was noted that the plan supersedes the final 2 years of the Corporate Plan 2017/18-2020/21.

Mrs Molloy advised that the Plan would be formally launched following today's meeting.

7/19/13

## **ANNUAL REPORT OF AUDIT AND RISK ASSURANCE COMMITTEE 2018/19**

Mr Campbell referred members to the Annual Report of the Audit and Risk Assurance Committee for 2018/19. He said it provided an overview of the Audit and Risk Assurance Committee activities for the Financial year 2018/19 and set out how the Committee had met its key priorities.

Mr Campbell said the Annual Report had been considered at the Audit and Risk Assurance Committee in June and fed into the Trust's Assurance Statement.

Mr Campbell commended the support of Internal Audit who provide an assurance to the Audit and Risk Assurance Committee and Trust Board.

7/19/14

## **TENDER AWARDS**

There were no Trust Awards for consideration.

7/19/15

## **TRUST FUNDS**

There were no Trust funds for consideration.

7/19/16

**ANY OTHER BUSINESS**

There were no further items of business.

7/19/17

**CONFIDENTIAL ITEMS**

7/19/18

**DATE OF NEXT MEETING**

The next meeting of the Trust Board will be on Thursday, 5 September 2019 at 10 am in the Boardroom, Omagh Hospital and Primary Care Complex, Omagh.

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**Sam Pollock**  
**Chair**  
**5 September 2019**