

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 7 November 2019 at 10.00 am in the Lecture Theatre, South West Acute Hospital, Enniskillen

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

Mr J McPeake, Non-Executive Director
Mr J Campbell, Non-Executive Director
Mr S Hegarty, Non-Executive Director (via video conference)
Mrs R Laird, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Mrs M Woods, Non-Executive Director

Dr C McDonnell, Medical Director
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services
Ms D Mahon, Director of Woman & Children's Services
Mrs G McKay, Director of Acute Services
Mrs T Molloy, Director of Performance and Service Improvement
Mrs A McConnell, Director of Human Resources
Mr N Guckian, Director of Finance, Contracting & ICT
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive
Ms C McLaughlin, Assistant Director Learning Disability

10/19/1

CHAIR'S WELCOME AND INTRODUCTION

The Chair began by welcoming Mrs McKay, Director of Acute Services, Ms McLaughlin, Assistant Director Learning Disability, who was attending on behalf of Ms O'Brien and Mr S Galloway to the meeting. He said that Mr Galloway was attending as part of HR Succession Planning, and today's attendance was to fulfil a part of his Development Plan.

The Chair referred to a report of business since the last Board meeting:-

- Members were advised that the following Trades Unions have notified the Trust that they have an industrial dispute about pay and safe staffing, and they will be balloting their members for action short of strike and strike action:-
 - Royal College of Nursing - ballot closes 9 November
 - Unison - ballot closes on 11 November
 - NIPSA - ballot closes on 25 November

- GMB - have notified the Trust of the dispute but have not confirmed when their ballot will open or close.

It was noted that it is anticipated that Unite and the Royal College of Midwives will follow. A draft Trust Contingency Plan has been submitted to the Health and Social Care Board following a request to do so from the Permanent Secretary.

The Chair said that in the event of strike action the Trust will use the Business Continuity arrangements level 3 (Trust Level/Major Incident) and the risk of industrial action will be added to the Corporate Risk Register.

The Chair added that as part of the contingency arrangements each Directorate has identified a nominated lead to work with HR to co-ordinate the management of activities during any period of strike action. It was noted that the Trust will receive a minimum of 7 days' notice of any industrial action, therefore the earliest period of strike action is likely to be the week commencing 18 November 2019. Should the strike period extend beyond 12 hours, it is likely that the Trust will provide essential services only.

Mrs McConnell said the contingency plans would be refined when the ballot outcomes are known.

- On 7 October the Chair and Chief Executive met with the Dr Clements, Chair and Mrs Watts, Chief Executive of Health and Social Care Board for an introductory meeting.
- During October the Chair continued his round of familiarisation visits across the Trust:-

8 October – North West Cancer Centre

15 October – Adoption, Fostering and Gateway Teams

17 October – Waterside Hospital & Rectory Field Residential Home

24 October – CTRIC

30 October – North Wing

The Chair said he welcomed these visits as it gave him an opportunity to meet front line staff.

- On 23 October the Chair attended a meeting of the Chairs' Forum which had been convened to consider a draft Board Members Handbook as part of the IHRD Workstream 3, ALB Board Effectiveness. He said the current draft requires further development.
- On 6 November the Chair attended a Sharing the Learning – Pre-birth and Childhood Safeguarding event. The purpose of the event was for Social Workers and Health colleagues to understand each other's roles, promote collaborative working and share examples of good practice. He said it was a very important

event and demonstrated the real benefit of different disciplines working together for the good of children.

10/19/2

APOLOGIES

Apologies were received from Dr C O'Mullan, Non-Executive Director, and Ms K O'Brien, Director of Adult Mental Health and Disability Services.

10/19/3

DECLARATION OF INTERESTS

Mr Campbell and Mrs McConnell advised that during discussion on items under confidential business they would be required to withdraw from discussion.

10/19/4

MINUTES OF PREVIOUS MEETING – 3 OCTOBER 2019

The minutes of the previous meeting having been circulated were proposed by Mrs Laird, seconded by Mrs Woods and carried by the Board as a true and accurate record of discussion.

10/19/5

MATTERS ARISING

There were no matters arising outside those items listed on the agenda.

10/19/6

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen briefed members on a number of issues.

Delivering Value Programme – Dr Kilgallen reported on progress in respect of deep dive areas. She said recent focus has been on developing information in the form of “health checks” which are being shared with Directorates. She referred to the Project Management Office and commended the excellent information they are producing for Directorates.

Dr Kilgallen referred to the significant progress made since the beginning of the programme in February which would be considered in the financial report later in the meeting.

Winter Resilience - Dr Kilgallen advised that the Trust's preparation for the winter period is being managed as part of the delivering value programme. She said the

Winter Resilience Plan 2019/20 recognises the significant increased demand in both EDs during 2018/19. The Plan outlines the projections for winter this year demonstrating an extremely challenging position for both sites.

In the absence of winter pressures funding, Dr Kilgallen advised that it has been agreed that the Plan will focus on strengthening the Trust's escalation measures. This includes the implementation of the "Hospital Early Warning Scores" (HEWS) across both sites and it was noted that the escalation plan will clearly define the actions to be taken, by whom at each level of escalation as per HEWS.

In addition Dr Kilgallen said the escalation plan needs to ensure that risk is managed proportionately across the entire system which includes the identification of additional steps that will happen within Crisis Response and Home Treatment Services to support the Emergency Department with management of mental health patients as well as steps to be taken by the Community Teams to support discharge from the acute sites.

Dr Kilgallen advised that a final escalation measure which is currently being discussed is the potential to open Ward 9 on Altnagelvin site as a short term escalation ward to accommodate medically fit patients with a clear discharge plan should the site activate Full Capacity or Business Continuity measures. It was noted that this proposal will be supported by a clear Standard Operating Procedure which will also outline de-escalation measures to ensure the area is not used as a long term escalation ward.

Mrs Woods asked how the success of the delivering value programme will be measured. Dr Kilgallen referred to the integrated framework for delivering value and referred to the 4 quadrants that will measure outcome. She said these 4 quadrants will evidence outcomes for example in respect of finance and workforce it will show run rate position and agency staffing. She added that the deep dives are central to focussing on improving quality, and that for example the surgical deep dive would aim to improve waiting times and increase productivity.

Dr Brown referred to the Older People's Journey and said this project involved 7 strands which include a review of district nursing teams and a consultation exercise is underway. He noted that the top 3 priorities for the project are inter-connected and the 4 other areas will show measurable outcomes.

Dr Kilgallen noted that in September health checks became a substantive part of business and said these would be shared with Trust Board in due course.

Mr Campbell referred to the Trust's very challenging financial position and asked if the Winter Resilience Plan would increase cost making it more difficult for the Trust to remain within its control total. Mr Guckian said Directors have developed savings plans however deliverability of these savings cannot be confirmed until later in the year. Mr Guckian however assured members that the Corporate Management Team is committed to reducing expenditure.

The Chair referred to the opening of Ward 9. Dr Kilgallen said there are other elements to the escalation plan and the CMT needs to ensure that all other companion services are in place before this final measure is put in place.

Mental Capacity Act – Dr Kilgallen advised members that the Deprivation of Liberty (DoL) requirements of the Mental Capacity Act (NI) (2016) will be implemented on 2 December 2019. She said the duties placed on the Western Trust in respect of the MCA requirements include the identification of a lead Director and that Ms O'Brien is undertaking this role.

It was noted that to support the operation of short-term detentions, arrangements are being made to establish Trust Deprivation of Liberty Panels, which will consider and approve applications for a deprivation of liberty.

Dr Kilgallen referred to the importance of staff training to enable them to perform their legal duties and functions as part of the Act. It was noted that the Trust's training is behind schedule.

The Chair stressed the importance of the Trust being prepared for implementation of this legislation on 2 December.

Mrs Laird advised that she is a member of the Mental Health Tribunal and said the enormity of the Act cannot be underestimated. She said she was encouraged by the Trust's preparedness and acknowledged that implementation is challenging. She said any delay in training staff would be a concern for her as the training is very intensive.

10/19/7

QUALITY AND SAFETY

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr McDonnell advised that the next update on the implementation of the recommendations from the IHRD report has been delayed to 5 December 2019.

In response to correspondence from the Department of Health on 11 September 2019 regarding Recommendation 70, "Effective Measures should be taken to ensure that minutes of Board and Committee meetings are preserved" members noted that the Trust has provided an assurance that it complies with Section J of 'Good Management, Good Records' in terms of retention of Trust Board and Board Committee papers. The Trust was also invited to comment on a draft Publication Scheme which has been agreed by the Board Effectiveness Sub Group. This stipulates that Board papers should be published within 5 working days of the meeting and the Trust has committed to achieving this timescale from the October Trust Board meeting.

The Task and Finish Stakeholder Group in taking this work forward has also agreed that there should be a consistent and straightforward path for any visitor to access

Board/Committee information irrespective of which HSC body website they are visiting for example via a standard, accessible Corporate Information section that is applicable to all organisations.

In order to take this part of Recommendation 70 forward, a workshop was held on 30 September 2019 to discuss and agree a regional approach to the presentation of corporate information on the websites of all HSC organisations. The Trust was represented at this workshop by a member of the Communications Team.

A workshop took place on 21 October 2019 organised by the IHRD Paediatric Clinical Collaborative Workstream to explore the core components of meaningfully involving children, young people and their parents and carers in clinical settings and to identify the next steps to embedding this into practice across the HSC. The event was co-designed with members of the Paediatric Clinical Collaborative Workstream and Children in Northern Ireland (CiNI). The Trust was represented by 2 paediatric nurses and 2 parent representatives.

Members were assured that the spirit of the Inquiry report is forming what the Trust is doing. Reference was made to the recent SAI learning event particularly who the Trust engages with families during the SAI process.

Infection Prevention and Control Update

Dr McDonnell advised that the Department of Health has issued the healthcare-associated infection reduction targets for 2019/20:-

- MRSA – Trust target is 5 – a reduction of 2 cases from 2018/19;
- *C. difficile* – Trust target is 56 – a reduction of 9 cases from 2018/19;
- GNB – the Trust is expected to maintain the reduction achieved in 2018/19 a maximum of 49 cases.

Members noted that 45 cases of *C. difficile* have been reported so far in 2019/20. 24 of the cases are classified as healthcare-acquired or associated with the remainder being classified as community-acquired.

Since the beginning of April, 2 MRSA bacteraemia cases have been reported, both being categorised as community-associated.

As of 31 October 2019, 41 healthcare-associated GNB cases have been reported therefore the Trust is currently off profile to meet the target with a cumulative increase of 30.29%.

Dr McDonnell advised members that the potential source of pseudomonas aeruginosa in the Renal Unit, Altnagelvin Hospital, was identified and remedial works have successfully eradicated it. The incident team was stood down on 1 October and normal arrangements for the monitoring and reporting of water quality as per the Trust Water Safety Plan and Water Safety Group have been reinstated.

Mrs Woods referred to performance across the IPC Nurse Independent Audits. Dr McDonnell said independent audits will be reviewed early in 2020 which will include consistency of reporting.

Dr McPeake referred to his attendance at the Chief Executive Assurance meetings. He said he was interested in being assured the Trust is doing all it can to learn from lessons learnt following Root Cause Analysis. In addition he also noted that the Trust has lower reduction targets than other Trusts and asked when reporting performance that the Trust report in a wider context including the rest of Northern Ireland and the UK. Dr McDonnell advised that each ward has an IPC attached to it to share the themes from RCAs.

Dr McDonnell referred to benchmarking and confirmed that the Trust would undertake this externally to Northern Ireland. She said that work had begun on this and that one issue that is being examined is hydration of older people.

Dr McIlroy referred to the Trust's performance to date in respect of *C. difficile* and said that the Trust would exceed this target by year end. He referred to the 21 cases classified as community associated and said it was important to note that the Trust has limited ability to influence reduce this number.

Corporate Risk Register and Board Assurance Framework

Dr McDonnell advised that there are 26 risks on the Corporate Risk Register as approved at Trust Board on 3 October 2019. It was noted that there were no material changes for consideration.

Members were advised that actions proposed from the Trust Board Risk Register workshop on 3 October will be discussed with the Corporate Management Team on 14 November and will be brought to Trust Board in December.

The Chair asked if the risk associated with the pending industrial action should be added to the Corporate Risk Register. Mrs McConnell said that the risk is being development and it will be added.

The Chair thanked members for their input to the workshop.

Quality Improvement Monitoring report – National Early Warning Scores

Dr McDonnell referred members to the above report for information. It was noted that this has been an area of significant improvement across the Trust's wards.

Patient Story – Woman & Children's Directorate

Mrs Mahon advised that the patient story was a presentation entitled "Beyond the Labels" which demonstrated how the Signs of Safety model was used to support a service user and reunite a family unit. She welcomed Courtney, a service user, Mr Martin Robinson, Senior Practitioner for the Court Service and Ms Donna Downey, Social Worker to the meeting to make their presentation.

Courtney shared her personal story and said while the Signs of Safety model was difficult it let her understand the role of social services and let her understand why she feels the way she did. Courtney said the model allowed her to achieve positive outcomes in that her family is reunited. She said that she had a negative experience of Social Services in the past however Mr Robinson had changed this view for her. She said that the model let her understand the safeguarding role social workers have.

Members thanked Courtney for attending and sharing her story and thanked Mr Robinson and Ms Downey for their work in supporting Courtney and her partner.

10/19/8

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 SEPTEMBER 2019

Mr Guckian advised that the Trust is reporting a year-end deficit of £22m. He said after the approved control total of £15m this was leaving an in-year gap of £7m. Mr Guckian said this position is assuming that any further pressures will be managed by the Trust in year however he said there were 2 significant risks facing the Trust.

First, Mr Guckian reported that the Trust has been advised that it will not receive resilience funding during the winter period and the cost of the increased demand on services over the winter period could be up to £2m. Mr Guckian advised that Directorates have been asked to review their savings options to try to identify any that can be brought forward to cover the costs of resilience.

Referring to the second risk Mr Guckian said at end of 30 September the Trust is reporting a shortfall in its savings plans. He added that there are tactical plans to deliver on this through over 70 proposals being overseen by the Project Management Office. Mr Guckian said the deliverability of these proposals will give confidence to our staff and Commissioners that the Trust is improving its financial position.

Mr Guckian referred to his financial performance report and said that over the next few months he would be changing the information coming to Board. He advised that he would be adding in different key indicators showing the financial strength of the organisation. Mr Guckian said Trust Board can be assured that the financial information is sufficient to allow members to deliver on their statutory duty on financial stability.

Mr Guckian continued by referring to run rate of expenditure. He said run rate reductions include the tactical plan savings therefore it cannot be double counted. He added that there is clear evidence however of net savings of over £1m towards the Trust's financial position in addition to tactical plans. Mr Guckian said should this continue into the second half of the year it will help towards the Trust's Recovery Plan/general financial stability.

Continuing on flexible staffing, Mr Guckian reported that the average expenditure for the first 6 months of 2019/20 had increased by 8% compared to the same period last year. However the Trust had reduced expenditure in September compared to August by 3%.

Mr Guckian referred to the tactical savings plan. He said the financial monitoring of the tactical savings plans is reporting an off plan position however he said the current forecast deficit is assuming that the full amount for tactical savings plans will be achieved. Mr Guckian said this will require close management and monitoring over the remainder of the year and further contingency plans to develop in year to close out any off plan position.

Concluding his report Mr Guckian reported that progress continues to be made towards stabilising the Trust's finances and savings plans have been identified and are achieving savings in year. In addition Mr Guckian said the Trust has been given a target of achieving £15m of savings in 2019/20 and the Trust is making progress towards this. He said it is important that the Trust identifies further opportunities particularly recurrent savings to contribute towards this. Mr Guckian said that work has started and the CMT will attempt to put expected savings against this in the second part of the year.

Dr McPeake referred members to the table 1 which outlines the forecast deficit for 2019/20. He asked for clarity around the savings plans and asked for clarity in relation to the risk identified. Mr Guckian took members through the forecast detail and assured members that there was no risk with many of the elements off the table.

Mrs Woods commended the CMT on the financial performance and said it gave Board members confidence. Mr Guckian confirmed that in 3 months the Trust's costs have not increased which is commendable.

Mr Campbell welcomed the change in the financial performance report and said he welcomed the additional detail in respect of delivering value and run rates and that it is very important to have this information going forward. Mr Campbell reinforced Mrs Woods' comments in having confidence in the CMT however he said the additional savings target would in his opinion present difficulties as we move through the year. Mr Campbell referred to the additional income received in July of £9m and asked if this was non-recurring. Mr Guckian responded that the Department of Health is seeking to make this recurring.

Mr Guckian added that at this point in time the Trust's deficit is £22m which represents a £7m drift on the control total. He added that the Trust is seeking to negotiate that the control total is extended to £22m. He reminded the Team that the Trust is required to find the additional funding for winter resilience however, said members should feel assured that the Trust's financial position is stable at this point.

Mr Campbell raised a further concern in respect of the Trust's recurring deficit position that is being delivered through the delivering value programme. He said that if the additional funding received is not recurring this would add to the Trust's deficit position next year. Mr Guckian assured Mr Campbell that the allocations of £5.3m

and £1.9m are the Trust's share of capitation funding and we will attempt to receive them recurrently.

Mrs Laird thanked Mr Guckian for his report and asked that the report provide more information on recurrent savings.

Dr McIlroy stressed the importance of run rates and the trend that is developing. He said the work behind this position is very significant and suggested Trust Board might like to see this element of assurance.

10/19/9

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to her performance management report for the period to end September 2019. She said her presentation would concentrate on the current position with regard to 3 specific areas:-

- Unscheduled care – winter planning
- Elective care – key priority areas
- Child and Adolescent Mental Health Services (CAMHS)

Mrs Molloy assured members that the Finance and Performance Committee had received a full brief on a wider range of areas at its meeting this week.

Mrs Molloy advised that 2 of the 3 areas - Unscheduled Care and CAMHS - are being considered as new programmes of work to be brought under the auspices of the Delivering Value programme.

Unscheduled Care/Winter Planning

Commencing with unscheduled care and winter planning for 2019/20, Mrs Molloy said that we start every year looking at lessons learned from the previous year. She said that demand predictions for 2019/20 are extremely challenging with growing demand being experienced throughout the year in both acute hospital EDs. Members were advised that there is no additional investment for winter planning from either the DoH or HSCB in 19/20 however the Corporate Management Team has agreed to allocate funding from internal sources in local flu testing and the paediatric short stay provision to support hospital flow from ED.

Mrs Molloy referred to transformation project pilots and said in 19/20 the Trust had commenced projects on an ambulatory care unit in SWAH, and ED 7 day working in Altnagelvin. Mrs Molloy referred to the introduction of the Mental Capacity Act on 2 December and said the new legislation would require new processes to be put in place to assess patients in hospital and this had been identified as a risk as new processes bed in.

Mrs Molloy shared attendance figures to the Trust's Emergency Departments. She advised that the attendance trend in Altnagelvin was increasing year on year and that patient admission rates had reduced which had on overall terms contained the numbers of patients being admitted, with an average conversion rate of 18%. The excellent contribution of the Ambulatory Care Unit in Altnagelvin to attaining this position was noted. This was contrasted with South West Acute Hospital where numbers of patients attending ED has converted into higher numbers being admitted, and Mrs Molloy advised the ambulatory care provision in the South West Acute hospital is at its early stages and not yet working at full capacity.

Mrs Molloy advised that in between 17/18 and 18/19 there had been a very significant growth in category 2 patients in Altnagelvin hospital. It was also noted that there has been a growth in category 4 patients also but these are less ill patients and are patients who may have more choices of where to receive treatment for example, in primary care services.

Referring to the category of patients attending South West Acute Hospital ED it was noted that there has been a considerable growth of 16% in category 4 patients. Mrs Molloy said this may be indicative of less primary care options in this area of the Trust, and that the reducing number of GPs was an issue receiving considerable public attention.

Mrs Molloy then briefed members on the principles and main actions in the Trust's winter plan for 19/20. She said that uplifting capacity in a range of services would not be part of this year's actions, and that the Trust's plan is a response-based plan which will be based on strengthened escalation processes focussing on trigger points and agreed responses across the hospital and community system. She added that the oversight and control of decisions via a Flow Management Hub would support decision making to help manage flow issues escalated to it. Mrs Molloy said the Plan also describes a communication strategy which includes a poster campaign, media visit to ED, briefing public representatives on winter pressures and the Trust response plan. She said that given the very pressurised ED position at times, and the long waiting times for less urgent patients, it is important that the public can quickly be made aware of the position in EDs, and that ED staff have assisted in designing the campaign and have featured in the material being used.

Mrs Molloy referred to the key areas for action as part of the Trust's Winter Plan and that the plan has been reviewed by the Health and Social care Board and the Department of Health.

Elective Care

Moving to elective care, Mrs Molloy advised members that the Trust is operating in line with its predicted inpatient and outpatient performance improvement trajectory. She said for inpatient/day case, the Trust's predicted position for April – September 2019 was -13% and the actual performance was an improved position of -10%. Mrs Molloy referred to new outpatients and said the predicted position for April – September 2019 was -16% and the actual achieved was -17%. She said the

specialties that did not meet their predicted performance for April – September 2019 were general surgery, gynae, paediatrics, rheumatology and urology.

In order to address long waits for elective care, Mrs Molloy said a number of areas were receiving focus. She said these included a waiting list validation and focus on hospital cancellation rates, a review of the variations in pathways across the hospital sites is being reviewed, optimising admission on day of surgery and examination of DNA rates/specialties/sites.

Child and Adolescent Mental Health Services (CAMHS)

Members were advised that at September 2019 there were 252 children waiting more than 9 weeks against the predicted position of 374. Mrs Molloy said demand for the first 6 months of 19/20 had not continued to increase in the way experienced in 2018 and this had contributed to the improvement of actual September performance against the predicted position, as the capacity within the service had been better able to cope with the presenting demand.

Mrs Molloy continued by referring to developments and improvements within the CAMHS service. She said regional improvement work was being led by the Health and Social Care Board through the implementation of Regional CAMHS Care Pathway/Training Programme. She added that all CAMHS referrals now come to a single point within the Trust and a referral co-ordinator has been appointed to triage all referrals.

Members were also advised that developments have taken place in respect of maximising capacity which included the implementation of CAPA with each staff member having an individual job plan. Mrs Molloy said the establishment of a Crisis Assessment Team for rapid response had brought about stability to routine and urgent appointments with streaming of patients appropriately. Mrs Molloy said that 4 staff from within the team have also undertaken the Safety Quality West Level 2 Quality Improvement training and has taken forward a project in relation to eating disorders.

Dr McPeake asked if any consideration had been given to managing demand in ED. Mrs McKay advised that ED is a self-referral service and if a member of the public attends, ED has a duty of care to see that patient. She assured members that attendances and have been reviewed and clinicians have confirmed that inappropriate attendances appear low.

Mrs McKay referred to category 1 and 2 patients attending ED in Altnagelvin and said these are in the main complex, elderly patients who require significant diagnostic care. She said there is some infrastructure in the community to provide this but it is not enough for the numbers. Mrs McKay said that with community interventions such as Acute Care at Home, when patients come to ED they are very unwell. Mrs McKay asked members to reflect that the increase in ED attendances over the past 2 years have been managed without an increase in staff and the same infrastructure.

Mr Campbell commended Mrs Molloy's presentation and said it was very useful to get the detail behind the statistics. He referred to the issue of pension changes and asked if this was having an adverse impact on performance and the drawdown of Waiting List initiative funding. Mrs Molloy advised that there are a number of Consultants who have requested job plan changes, but as yet the Trust is not seeing any impact on Waiting List additional activity to any significant extent.

Dr McDonnell advised that there is a review of the pension changes taking place in England that the Trust awaits the outcome of this.

Dr McIlroy said it was important to note the increased number of patients attending ED over the past 2 years with no enhancement in staffing numbers and infrastructure. He said the additional initiatives to manage the increased demand have had a positive impact on performance and commended the success of the ambulatory model in Altnagelvin.

Mrs Laird referred to the quality improvements being undertaken across services and said these were rightly to be celebrated. She asked that such improvements in service delivery be shared with the Board.

10/19/10

FINANCE & PERFORMANCE COMMITTEE – MINUTES OF MEETING HELD ON 1 OCTOBER 2019

Mr Hegarty asked members to note the minutes of the Finance and Performance Committee on 1 October.

Mr Hegarty welcomed the continued focus of members on the delivering value programme and the progress in respect of consistent and easily understood information.

Mr Hegarty said that he wanted to assure the Board that the Director of Finance has shared a financial picture that is both positive and realistic. He said the language and consistency of information is changing and it is important that the Board continues to be kept informed.

Mr Hegarty referred to the F&P Committee meeting on 5 November and said the Committee received a very good presentation by the Project Management Office on flexible staffing and savings made. He also said there was a presentation on the neurology service and said members would see the detail of this presentation within the minutes in due course.

Mr Hegarty referred to his visit to Scroggy Road Children's Home. He said he was impressed by the environment of the home however asked that the Trust consider allocating funding to make improvements in the home's kitchen.

Mrs Laird sought clarity on transformation funding. Mrs Molloy advised that during August, September and October the Corporate Management Team had been

working with staff to decide which projects will be stopped or mainstreamed when funding ends. She said a period of evaluation has commenced in respect of impact and the outcome of all of this work will be discussed at a CMT workshop on 27 November 2019.

The Chair asked if the Trust remained underspent on its transformation funding. Mrs Molloy advised that that was the case but it was mainly in areas where it has been difficult to get staff in post. Mrs Molloy said the Trust completes a formal return to the DoH on its underspend position.

Mrs Laird asked for feedback after the CMT workshop on 27 November.

10/19/11

POLICIES

The Chair referred to the following policies being brought for approval and suggested that going forward some policies would not require the approval of Board but rather professional committees.

Stroke Telemedicine

Following consideration this policy was proposed by Mrs Laird, seconded by Mrs Woods and approved by the Board.

CCTV policy

Mrs Molloy referred to this revised policy. Dr McPeake felt the policy should include narrative around the decision making process for installing CCTV as specifically cited under GDPR.

The policy was not approved until this addition.

Infection Prevention & Control Standard Precautions Policy

Following consideration this policy was proposed by Mrs Woods, seconded by Dr McPeake and approved by the Board.

10/19/12

GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 25 SEPTEMBER 2019

Dr McIlroy referred members to the minutes of a meeting of the Governance Committee held on 25 September 2019.

Dr McIlroy referred to a request for the minutes to be RAG rated and said that he felt a short summary document for members' attention following the meeting would be best for sharing Committee business in a more timely manner.

Dr McIlroy referred to the summary note with papers.

The Chair thanked Dr McIlroy for this and said he supported this approach as the note focuses on the key issues discussed at the Committee meeting.

10/19/13

AUDIT AND RISK ASSURANCE COMMITTEE – MINUTES OF MEETING HELD ON 14 OCTOBER 2019

Mr Campbell referred to the minutes of the Audit and Risk Assurance Committee meeting held on 14 October and said welcomed Mrs Laird to her first ARAC meeting.

Mr Campbell referred to the Chief Internal Auditor's report in respect of 5 internal audit reports. He said 2 audit reports had received a satisfactory assurance, 2 audit reports had received split assurance and 1 had limited assurance.

In respect of the split assurance audits Mr Campbell said one of the audits was in relation to the operation of the leased car scheme. He said limited assurance was provided in relation to the operation of the lease car scheme however satisfactory assurance was provided in relation to the travel and subsistence.

The second split assurance report was in respect of the management of client monies in independent sector homes. It was noted that 7 homes had been selected for testing and 5 homes were provided with satisfactory assurance and 2 homes with limited assurance. Mr Campbell said management within the 2 homes had accepted all recommendations.

Mr Campbell referred to the audit report which had received limited assurance and said this would be discussed later in the meeting.

Mr Campbell advised that during September, Internal Audit reviewed the implementation of accepted outstanding priority 1 and 2 internal audit recommendations where the implementation date had now passed. He said 71% of recommendations were fully implemented, 27% partially implemented and 2% not yet implemented.

Mr Campbell advised that the Committee had received an updated on Payroll and said the internal audit remained limited assurance. Mr Campbell assured the Board of some positive progress being made in respect of this service.

Mr Campbell referred to the Committee's brief on the Corporate Risk Register. He said the Committee's focus is on corporate risks and ensuring they are being reviewed regularly. He said the Committee examines any control gaps and said risk management ensure lessons learning are shared across the Trust.

The Chair thanked Mr Campbell for leading this exceptionally important work.

10/19/14

ANNUAL REPORTS 2018/19

Dr McDonnell referred to the following 3 annual reports for information.

Quality

Members noted the Quality Annual Report.

Leadership Walkarounds

Members noted its contents. Dr McIlroy welcomed the report and said acknowledged the support on walkarounds from staff.

Mr Campbell referred to a recent walkaround to a Primary Care and Older People Service. He said concern was expressed with regard to the amount of information that is required to be collected and a requirement for a member of staff to sign her name 18 times. Dr Brown said he would look at this but said that many of the forms are regional guidance.

Dr McPeake advised that he has undertaken 5 walkarounds to date and that the quality of the Trust's infrastructure is variable depending on location. He said in secondary care the structure is fantastic however in community facilities the infrastructure requires significant investment.

Complaints

Members noted the Complaints Annual Report.

The Chair asked if the report could be extended to include the number/percentage of complaints resolved and at what level and the number closed. Mrs Laird supported this view and said she would welcome advice in respect of when a complaint needs to be escalated to Board level.

Dr McDonnell said she would take these views on board.

10/19/15

MENTAL CAPACITY ACT

This item was discussed within the Chief Executive's business report.

10/19/16

TENDER AWARDS

There were no tender awards for consideration.

10/19/17

TRUST FUNDS

Mrs McKay shared with members a proposal to purchase an EchoPac reporting station.

Following consideration the purchase was proposed by Dr McIlroy, seconded by Mrs Laird and unanimously supported by the Board.

10/19/18

ANY OTHER BUSINESS

Mrs Laird advised that she recently visited The Cottage Children's Home. She said Ms Mahon is developing a template which will assist in the development of a report by Non-Executive Directors following such visits.

10/19/19

CONFIDENTIAL ITEMS

10/19/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 5 December 2019 at 10 am in the Denis Desmond Room, Trust Headquarters.

**Mr Sam Pollock
Chair
5 December 2019**