

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 December 2019 at 10.00 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 McPeake, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Mrs R Laird, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Mrs M Woods, Non-Executive Director
Dr C O'Mullan, 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 Women & Children's Services
Mrs G McKay, Director of Acute 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 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
Mrs A McSorley and Mrs A McCanny, Macmillan Specialist Dietitians, Palliative Care (agenda item 11/19/7 only)

11/19/1

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the December Board meeting and in particular welcomed Mr Aidan Hanna, Northern Ireland Patient Voice, and a delegation of family members. He said speaking rights had been granted to Mr Hanna who wished to speak about nursing homes in Derry.

The Chair advised that while Mr Hanna's request was outside the requirements of the Standing Orders he felt it was important that the Board listen to his address.

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Mr Hanna thanked the Board for the opportunity to address it. He said attending with him were some family members who have loved ones being cared for within nursing homes in the Derry area. He advised that he provides support to the families who are working through the Trust's complaints process.

Mr Hanna referred to the agenda for today's Board meeting and asked that agenda item 11/19/12 be taken earlier in the meeting to allow his delegation to be present to hear the discussion. The Chair agreed to this request.

Mr Hanna read a statement in relation to the care provided by nursing homes within the Derry area and specifically referred to the care provided by Owen Mor Care Home. He outlined a timeline of involvement by RQIA from 2015 to present day both in respect of unannounced inspections of Owen Mor, Failure to Comply Notices issued by RQIA and Safeguarding investigations.

Mr Hanna advised some families have serious concern that the Trust purchases short breaks for learning disabled clients from Owen Mor which they feel is not an appropriate environment.

Mr Hanna asked the Board for its support in asking the Department of Health to carry out an investigation into Owen Mor.

The Chair thanked Mr Hanna for his detailed address. He said significant issues had been raised and he asked Mr Hanna to meet with him and other Non-Executive Directors and Dr Brown again to discuss the issues highlighted further.

The Chair advised Mr Hanna that Board members have been briefed on challenges being faced by independent nursing homes and when challenged that this briefing had taken place under confidential business the Chair assured Mr Hanna that the issues referred to were of utmost importance to members.

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The Chair referred to a report of his business since the previous Board meeting.

- Members noted that the Trust is in Week 2 of industrial Action relating to a dispute about pay and safe staffing levels.

It was noted that 2 Trades Unions have commenced Industrial Action to date – UNISON and Royal College of Nursing (RCN). This is unprecedented action – RCN members have not been balloted for strike action previously.

The Corporate Risk Register has been updated to reflect the risk.

The Board noted staff have the right to take Industrial Action and understood that, since staff are so committed, they did not do this lightly. However, it was noted that the action comes at a time when there are already existing pressures on the system.

As a Trust Board, the Chair said members must maintain focus on governance during this period.

The Chair said Mrs McConnell has been keeping him up-to-date on the industrial action and stressed the importance of the Trust working in partnership with Trades Unions. He commended Mrs McConnell for how she is handling the planning and oversight of the action and for working so positively with staff side.

- On 13 November the Chair attended the Carers Annual Summit.
- During the month the Chair dealt with 2 complaints and advised that these have been passed to the Chief Executive and other lead Directors for investigation and response.

In respect of one family the Chair advised that when appropriate the Trust will issue a public apology for where it failed in its delivery of care.

- The Chair advised members that regional Equality Leads have produced regional Trust guidelines on our Equality work. It was agreed that Chairs would be asked to record a podcast that will be hyperlinked the Trust's Equality Scheme and the Chair confirmed that he undertook this for the Western Trust on 22 November.
- Members will recall that a schedule of Trust Board meetings for 2020 was previously agreed.

Following consideration it has been decided that the February and April meetings will become Trust Board workshops – further details on the purpose of these workshops will be shared with the Board very soon.

- The Chair also advised that the March Trust Board meeting will revert to 5 March.

11/19/2

APOLOGIES

Apologies were received from Mr Campbell, Non-Executive Director.

11/19/3

DECLARATION OF INTERESTS

There were no declarations of interests.

11/19/4

MINUTES OF PREVIOUS MEETINGS

The Chair referred to the minutes of the previous meeting held on 7 November. He said that Mr Campbell had forwarded a change to page 4 and page 13 which he would incorporate into the draft minutes.

Subject to these amendments, the minutes of the Board meeting held on 7 November having been circulated, were proposed by Mrs Woods and seconded by Dr McIlroy as a true and accurate record of discussion.

The Chair referred to the minutes of the Special Board meeting held on 26 November. The minutes having been circulated, were proposed by Mrs Laird and seconded by Mr Hegarty as a true and accurate record of discussion.

11/19/5

MATTERS ARISING

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

11/19/6

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen said she would report on 3 issues to Board.

Industrial Action

Dr Kilgallen advised that on 2 December, Trust Chief Executives wrote jointly to the Permanent Secretary to advise that all necessary steps were being taken to assess the risks for Trusts arising from Industrial Action in Trusts, in respect of quality of care and patient safety.

She said Chief Executives have stressed that they will, as far as is possible, mitigate such risks but given the extent and scope of the action that is now unfolding, they believe significant risk to patient safety is likely.

Dr Kilgallen added that whilst the dedication and commitment of all staff is recognised, and their right to take industrial action respected, the level of escalation, in what is only week 2, is causing real concern with regard to service continuity during what is already a very demanding period.

Dr Kilgallen said we are all aware that HSC in Northern Ireland requires a long-term funding settlement that addresses service, workforce and pay pressures in a sustainable manner. She said Trusts have been struggling with a system where funding has been made available on a yearly basis, which makes it impossible to plan for the long term. Demand is increasing and will continue to do so meaning that the current system is simply unsustainable.

Dr Kilgallen said given the immediate risk arising from the industrial action, it is essential that we find a means of resolving the dispute in the short term. She added that Chief Executives accept that this is not possible without Ministerial intervention and further resource.

Dr Kilgallen said she would ask Mrs McConnell to explain the governance arrangements to monitor and identify risks during strike, and said following this she would ask the Medical Director and Director of Nursing to comment on the professional governance and safety assurances.

Mrs McConnell referred to the special meeting of Trust Board on 26 November where members approved an additional corporate risk in respect of industrial action as the Trust believed the risk was escalating. She outlined some of the mitigating actions which have been put in place which include the establishment of Control Rooms in both the Northern and Southern Sectors. She said the function of these rooms is to assess the risks of industrial action and establish a process for agreeing derogations to maintain safe services.

Members were assured that if there are any safety concerns the Trust will stand down a service and if the service cannot be stood down then the service will seek staff from other areas who are clinically competent to undertake the duties.

Dr McPeake referred to identified risks and asked if these were turning into actual risks. Mrs McConnell said that as part of the Trust's daily sitrep report risks are identified early in the day and then continuously assessed throughout the day. Mrs McConnell also advised that the Trust has a Strike Committee in place which meets regularly.

Dr McPeake stressed the importance of ensuring patients are protected and asked if there had been any incidences when patient safety had been compromised.

Mrs McConnell said that there had been occasions when there has been concerns that it could not provide a safe service however to date these have been worked through satisfactorily.

Mrs Woods referred to training to mitigate against risks and asked how this was being delivered.

Mrs McConnell advised that the Trust has stood down all non-mandatory training and said there have been situations where a trainer has gone to a small number of staff to undertake urgent training.

Mrs McConnell advised members that to date strike action by the various trades unions has not run con-currently.

The Chair asked if any service had to be stood down as a result of industrial action. Mrs McConnell advised that some endoscopies which were not red flag or cancer were cancelled. She said there was also a delay in dispensing of drugs by

pharmacy and this impacted on discharge, an outpatient clinic had to be rescheduled and 5 theatre sessions this week were also stood down.

Mrs McConnell added that there had been some delay in transferring inpatients to medical imaging on days of action short of strike. In addition a number of Day Centres were closed.

Dr Kilgallen asked Dr Brown and Dr McDonnell to provide a comment on the professional governance and safety assurances.

Dr Brown advised members that the Control Room function was working very efficiently and was giving him the assurance that services are safe. He said the Control Room function gave an oversight of all services and that this gave confidence that all risks are being managed and the quality of care is not being compromised. He also added that through the Control Room, a review of incidents being recorded on Datix was being undertaken and he assured members that there had not been an increase or decrease in the reporting of incidents.

In respect of professional nursing, Dr Brown said that there are day to day communication between Trusts so that learning can be shared to ensure safety and quality is maintained.

Dr McDonnell advised members that doctors are not part of the current industrial action. She said that significant work has been undertaken with doctors, specifically junior doctors, so that they can undertake some duties within their competences. She said that there is constant learning and medical teams are working as a collective. She said that incidents were being scrutinised to ensure patients and services are safe and said the Corporate Risk Register was being used to manage any risks. She assured members that the focus is on patient safety.

The Chair asked if the industrial action was impacting on any area worse than another. Mrs McConnell said that to date Altnagelvin Hospital was most severely affected due to the high density of nursing staff.

Mrs McConnell cautioned members that currently the Trust is dealing with strike action from one union however when more trades unions strike this will prove very challenging. She referred to NIPSA which represents in the main social workers and administration and clerical staff and said it had balloted its members to take industrial action. She said that to date RCN has formally advised the Trust of a 24 hour strike on 18 December and the Trust has not formally been notified by other unions. She added that it is very difficult to plan for this level of downturn, particularly if more than one union strikes on a day.

Mrs Laird asked if the Trust had come close to asking staff to return to work. Mrs McConnell responded that the Trust had not reached this point yet.

Planning for 2020/21

Dr Kilgallen said in planning for 2020/21, it is important that as a Board it is clear about its aims and ambitions for the 2020/21 financial year and that it can articulate clear priorities for the next financial year which will enable us to do the best we can for our public, our patients and our hard working staff.

Members were reminded that the Trust has been developing and using its Delivering Value Programme during this financial year and Dr Kilgallen said she believed this needed to be at the heart of everything the Trust does.

Dr Kilgallen referred to the programme's 4 key priorities - quality and safety of care, access to and efficiency of services, workforce stability and financial sustainability. She said an important role for the Board is to agreeing priorities, improvement pathways and governance to support the Trust's improvement journey.

In this regard, Dr Kilgallen proposed that a Trust Board Workshop be held in February to work through the Trust Board's approach to creating its plans for 20/21 as well as taking forward a suitable accountability system which will support the Board in discharging its responsibilities.

Dr Kilgallen said she believed as a Board it faces challenges but also huge opportunities to improve care through the Delivering Value programme.

Delivering Value

Dr Kilgallen said members would hear more about the Trust's financial position later in today's meeting, however the Corporate Management Team had made important decisions during the month on widening the scope of the Delivering Value Programme.

She said the Trust has always known that this work would not have a solely financial focus and that the CMT has been convinced from the outset that if it worked hard to improve the quality of our services - and particularly to remove waste and inefficiency - this would inevitably improve the experience of our patients and clients, their access to services, reduce spend and stabilise finances.

For that reason, Dr Kilgallen advised members that as a corporate team it had made the decision to scale up 2 new Big Programmes of Work under the Delivering Value Programme:-

- Unscheduled Care
- Child and Adolescent Mental Health Service

Dr Kilgallen said these were services where the Trust is particularly challenged to sustain access, manage patient risk, build and sustain expert workforce, and keep costs under control so they are challenged across all aspects of the quadruple aim.

Dr Kilgallen briefed that over December and January the Team would be scoping all of the streams of work in these new Programmes and bring forward formal plans for improvement and recovery which will be overseen by the Delivering Value Management Board.

Referring to the Trust's financial performance, Dr Kilgallen said month 7 had been a difficult month as the Trust had struggled to sustain and consolidate the progress made so far in its tactical projects. She said the Team was making decisions which would protect the commitments that have made in the Trust's financial plan. The focus and rigour to this work through Delivering Value has been doubly important in this period.

Dr Kilgallen added that health checks have become increasingly important to Directors and their teams, and during December it was agreed that Directorates would take stock of their healthchecks for the first 6 months of the Delivering Value work and make any adjustments necessary. In particular she said health checks would be cross referenced to risk registers making sure they truly reflect the aspects of our work which are most important to manage closely in quality, finance, workforce and performance.

Dr Kilgallen said there were 2 initiatives she wanted to mention specifically. First, work had begun to improve theatre efficiency by using a different approach to scheduling. This work is being taken forward with the support of a team from Meridian. Dr Kilgallen said this work had not been affected by the Industrial Action to date and the team is on target.

Secondly, this month the Trust had begun to test an innovative approach to continuous improvement at clinical team level called Value Management. Dr Kilgallen said this methodology had been developed by the IHI and was being rolled out across health and social care in Scotland as part of their financial recovery process. Dr Kilgallen said she was pleased that Ward 26 in Altnagelvin was the first setting in Northern Ireland to apply the methodology. The programme will continue until end March when we will review the impact and the experience of staff and patients.

The Chair thanked Dr Kilgallen for her comprehensive report.

At the request of Mr Hanna, the Chair moved to take agenda item 11/19/12 "Trust Board Updates" in respect of Nursing/Residential Home Briefing.

11/19/12

TRUST BOARD UPDATES

Nursing/Residential Homes Briefing

Dr Brown provided members with an update on 2 private nursing homes within the Trust's area – Own Mor and Valley Nursing.

Owen Mor Private Nursing Home

Dr Brown referred to his previous briefings and advised that in respect of Owen Mor RQIA had issued a number of compliance notices which had been issued in May and further asserted in August 2019. He reminded members that in August the Home was closed to admission.

Dr Brown confirmed that the Trust continues to provide extensive support to the home with 4 monitoring visits to the home per week.

Dr Brown advised that following a visit by RQIA to Owen Mor on 19 November RQIA gave an indication that the home was compliant with its notices and on 22 November the compliance notices were lifted.

In view of this, Dr Brown advised that RQIA has asked the Trust to ensure the process of readmission begins on a phased basis. He said Owen Mor has been requested to provide a weekly report to demonstrate that compliance with all aspects of continuous improvement is being monitored and maintained.

Dr Brown referred to a meeting with RQIA this week to discuss 2 residents who were relocated.

Dr Brown concluded by referring to liaison with families. He said to date he has met with 27 families and Ms O'Brien has met with the majority of the families who use the Home for short breaks. Dr Brown said some families have raised concern regarding the care provided in Owen Mor to their loved one and he is liaising with these families and will endeavour to conclude these discussions quickly.

Dr Brown said the Trust is keen to continue to meet families and support Owen Mor to ensure that improvements are sustained.

Dr Brown also advised that the Home has currently a single registration and discussions are taking place with regard to the possibility of securing a separate registration for the short break unit.

The Chair asked if the Trust was confident in the registered manager of the Home. Dr Brown confirmed yes and said the registered provider has very strong day to day presence.

The Chair asked if the Trust had a strategic relationship with RQIA. Dr Brown confirmed yes that the Trust worked in partnership with RQIA at Chief Executive to Chief Executive and Director to Director levels.

Mrs Woods asked how the Trust and families could be confident in the management team within the home. Dr Brown explained that the management team had changed since August and said there was greater clarity and a consistent and sustained presence within the home. Dr Brown said that families could take confidence through the RQIA recent inspection which removed the compliance notices and said that families were being heard better than before.

Dr McIlroy asked if staff visits to the Home would now identify any issues going forward. Dr Brown said that part of the Trust's learning is that the role of the care manager is most important. He said the Trust will maintain close liaison with the home going forward and a looked back exercise will be undertaken.

Ms O'Brien advised that from the short break provision, families felt improvements were made for this client group and that the short break unit should have its own registration. She added that families had written to RQIA regarding this.

Dr McPeake referred to Mr Hanna's point that even though there had been multiple visits by Western Trust staff, issues had not been picked up. He asked how would the Trust ensure this did not reoccur going forward.

Dr Brown advised that there are multiple visits to the home by social workers to meet both residents and families however stressed that these visits are not inspections. He said that it is important that the care delivered is in line with the resident's assessed needs.

Mrs Laird referred to concerns raised by families and asked what was the anticipated timetable for responding to concerns raised and had these concerns been raised previously.

Dr Brown confirmed that a small number of families are in close contact with the Trust's Adult Safeguarding Team. He said some concerns go back several years and safeguarding investigations are being taken forward. He said that he hoped to respond to families within the next number of weeks.

Mrs Laird asked if there is anything the Board needs to be aware of that the issue comes back to Trust Board.

Dr McIlroy said he would be keen to hear the lessons learned and said he felt as a Board it is important that members are keep informed.

Dr McDonnell referred members to the Rapid Review Group and assured members that this is a very good mechanism to look at lessons learned.

Valley Private Nursing Home

Dr Brown advised members that Valley Nursing Home is a privately run care facility in Clogher, County Tyrone, currently providing care for 76 residents. The Western Trust currently has 30 residents placed within the Home.

Members were advised that the categories of care in the Home are:-

- Older people with dementia
- Older people requiring general nursing

- Physical disability other than sensory impairment – people under and over 65 years
- Mental disorder excluding learning disability or dementia – people under and over 65 years who have acquired brain injury and sensory disorder.

Dr Brown advised that the Southern Health and Social Care Trust is the host/lead Trust given the geographical location of the home and has led the safeguarding response working with the Trust and other agencies that commission care for residents in the Valley.

Members were advised that 7 failure to comply notices were issued by RQIA to Valley Nursing Home on 16 July 2019, relating to management arrangements, refurbishment of the home, meal times, health and welfare of patients and activities/events for patients, infection prevention and governance arrangements.

It was noted that A Notice of Decision was issued on 18 September 2019. The conditions were to cease admissions to Valley Nursing Home until RQIA assured itself that compliance with the FTC notices were achieved and sustained and ensure monthly monitoring reports are shared with the home manager, the registered person and RQIA within 5 working days of the visits/reports having been completed.

Dr Brown advised that on 23 October although compliance had been achieved on all 7 Failure to Comply Notices, RQIA advised the Southern Trust that conditions placed on the registration of the Valley Nursing Home still stood.

On 30 October, a whistleblower issued a letter of concern to RQIA on a number of matters which resulted in RQIA carrying out an unannounced Inspection on 31 October. RQIA proceeded to set up a Panel to consider removing registration from the facility on 31 October. At that time, a decision was made by RQIA to defer the matter until a later date.

Dr Brown advised that it is important that the Board is aware of RQIA's expectation that the responsible individuals at Valley Nursing Home will put in 2 turnaround managers to the Home and that the responsible individuals are asked to keep in regular communication with RQIA in respect of quality and oversight of the responsible managers.

Dr Brown advised that there was a further visit on 3 December but the report from this visit is not yet available.

Dr O'Mullan alluded to common themes in respect of the issues raised by RQIA in both Owen Mor and Valley and asked if there had been early warning signs missed. She asked if the Trust could resource supporting another home.

Dr Brown said Valley Nursing Home is crucial and it is important that the Trust supports the Southern Trust and the Home. Mr Guckian referred to the Oversight group which has been set up to look at contracting and governance arrangements and said the Trust is very keen to work proactively with other homes. Again it was

noted the importance of the key worker and their liaison with residents and families. Mr Guckian said any issues about resources would come back to Board.

Mrs Woods raised concern that there were similar themes right across Northern Ireland. Dr Brown provided assurance to members that the current residents within Valley are being adequately care for. He added that the Southern Trust has closed the home to new admissions and the Western Trust is undertaking a monitoring role.

Mr Hanna referred to a report by RQIA dated July 2019 on Valley Nursing Home and encouraged Trust Board to read it.

11/19/7

QUALITY AND SAFETY

Improvement Story – PCOP

Dr Brown welcomed to the meeting Mrs A McSorley and Mrs A McCanny, Macmillan Specialist Dietitians, Palliative Care, and said they were attending today to share a presentation on the importance of nutrition and palliative care.

Mrs McSorley and Mrs McCanny shared with members tips and techniques to encourage patients to eat and stimulate appetite during cancer treatment. They shared a pilot to introduce fortified milky puddings in the rehab and palliative care ward in Omagh Hospital and said they had begun to trail the new nutritional screening tool with the aim to roll this out Trust wide for all palliative care patients regardless of location. Members were advised that an e-learning module is currently being devised for catering staff with food first information incorporated into the training.

The Chair thanked Mrs McSorley and Mrs McCanny for their presentation.

Infection Prevention and Control

Update

Dr McDonnell advised that the Department of Health had now issued the healthcare associated infection reduction targets for 2019/20.

It was noted for Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 5 cases, a reduction of 2 cases or 28.57% compared to 2018/19 (7 cases).

The Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 56; a reduction of 9 cases or 13.85% compared to last year.

With regard to healthcare-associated gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*, the Trust is expected to maintain the reduction achieved in 2018/19 – a maximum of 49 cases.

It was noted that so far this year 45 cases of *C. difficile* have been reported. 24 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital however members were reminded that this was not always an accurate predictor of being healthcare-associated. The remainder of cases (21) were classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Since the beginning of April 2019, 2 MRSA bacteraemia cases had been reported. Both cases were categorised as community-associated as they occurred less than 48 hours after admission to hospital.

Dr McDonnell advised that as of 26 November 2019, the total number of days since the last Trust hospital-associated MRSA bacteraemia had been:-

Altnagelvin Hospital – 386 days

South West Acute Hospital (SWAH) – 1382 days

Tyrone County Hospital/ Omagh Hospital & Omagh Primary Care Complex (OHPCC) – 1771 days

Dr McDonnell added that as of 26 November 2019, 47 healthcare-associated GNB cases were reported therefore the Trust was currently off profile to meet this target, with a cumulative increase of 43.86%. It was noted that the PHA plans to work with the Trust on this issue.

Continuing, Dr McDonnell advised that the Infection Prevention Control Team is currently managing suspected/confirmed Norovirus outbreaks in Wards 3 and 4, Waterside Hospital, and Seymour Gardens, Londonderry. She said that such outbreaks were indicative to the time of year.

Members were advised that the Antimicrobial Management Team met on 6 November 2019 and discussion took place on a number of issues including the Team's terms of reference and structure and global one day cross-sectional point prevalence survey. It was also noted that Internal Audit will carry out an audit regarding antimicrobial stewardship in the coming months.

Concluding her report Dr McDonnell referred to Caesarean Section Surgical Site Infection Surveillance. She stated that during quarter 2 of 2019 the Trust achieved a high compliance with surveillance related documentation (94.4%), compared to an 84.4% average compliance rate in Northern Ireland as a whole. She added that the surveillance information provided within the report demonstrated an ongoing reduction in infection rates over time and a lower rate for the Trust than the rest of the region; 2.6% and 6.1% respectively.

Annual Report 2018-19

Dr McDonnell presented this Annual Report for approval. She said the report described the activities, achievements and challenges of the Trust's Infection

Prevention and Control Service during the year April 2018 to March 2019. It also included a brief summary of the main aims for 2019-20.

Following consideration members unanimously approved the Annual Report.

Corporate Risk Register and Board Assurance Framework

Dr McDonnell referred members to the Trust's Corporate Risk Register and Board Assurance Framework for information.

Members were advised that there are 28 risks on the Corporate Risk Register as approved at an extraordinary meeting of Trust Board on 26 November 2019.

Dr McDonnell said there were no material changes to the Corporate Risk Register (CRR) for approval at today's meeting.

Mrs Laird asked if risks associated with private nursing homes should be put on the Corporate Risk Register. Dr McDonnell said that this would be considered as the CRR is continuously reviewed.

Mr Hegarty referred to the detail within the CRR and felt that perhaps a key number of risks should be highlighted to focus members' attention.

Dr McDonnell assured members that consideration is being given to broadening the narrative in the report so that discussion does not only concentrate on risks being added or removed.

Dr McDonnell thanked members for their comments and said they would be taken into consideration in adapting the report going forward.

Environmental Cleanliness Update

This item was deferred as Dr Brown was not in the room.

11/19/8

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 OCTOBER 2019

Mr Guckian referred members to his financial performance report for month ending 31 October 2019.

He reiterated that the Trust is reporting a year end deficit of £22m less the approved control total of £15m, leaving a £7m gap in year. He referred to table 1 which explains the most recent forecast deficit for 2019-20.

Mr Guckian referred to the tactical savings plan of £6.7m. He said the financial monitoring of the tactical savings plans is reporting current savings of £2.8m against the plan of £3.3m therefore reporting an off plan position of £506k. Mr Guckian said

the current forecast deficit is assuming that the £6.7m tactical savings plan will be achieved in full however based on the October monitoring, an under delivery of £1.7m is forecast. Mr Guckian said Directorates have been asked to develop urgent improvement plans to address this position to mitigate any risk to the in-year financial plan and the 2020/21 financial plan. Mr Guckian assured members that he believed tactical savings plans could be delivered in full although an element would be through savings which are non-recurrent.

Mr Guckian referred members to table 2 – summary financial performance by Directorate which is showing an improved position on the September position.

Mr Guckian referred members to table 3 – cost of agency/bank/overtime by Directorate. Members were advised that the Trust is showing a small decrease in this expenditure from the September position mainly due to moving staff from agency to Trust contracts.

Mr Guckian referred to the Trust's control total and advised that he was in discussions with the Department of Health with a view to securing a revised control total for the Trust. He said the next few months would be very challenging for the Trust as we experience increased pressure on services during the winter period.

Mr Guckian said that the Finance and Performance Committee had been taken through the Financial report in detail at its meeting.

Dr McPeake asked if there would be financial cost to the industrial action. Mr Guckian said at this point he was not predicting any financial impact as the Trust is not permitted to recruit agency staff to cover a member of staff who is on strike. He added that those members of staff who strike will not be paid for those hours.

Dr McIlroy referred to Mr Guckian's recent meeting with the Permanent Secretary. Mr Guckian said the meeting had been very positive and said he was pleased that the Department of Health has accepted and endorsed the Trust's financial framework.

Mrs Laird referred to the Trust's allocation in respect of transformation projects. Mrs Molloy confirmed that the Trust is reporting an underspend of £1m against a £15.1m allocation. She said this underspend was in the main related to the Trust's inability to recruit to posts. She added that the Trust had recruited on a temporary posts as funding has not been confirmed beyond March 2020. She explained that temporary posts are not always seen as attractive to staff. Mrs Molloy assured members that the Trust has notified the DoH of its underspend position.

11/19/9

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred to her performance management report for the period to end October 2019. She said her presentation today would focus on elective care and unscheduled care.

Elective Care

Mrs Molloy advised that the Trust's performance in October was 26% against the standard that at least 50% of patients will wait no longer than 9 weeks for their first outpatient appointment and no patient shall wait longer than 52 weeks. She said there are currently 31,808 patients waiting more than 9 weeks and 15,440 patients waiting more than 52 weeks. She advised regionally performance is an average of 24% of patients referred have their outpatient appointment within 9 weeks, and that over 230,000 people were waiting for an outpatient appointment across all Trusts.

Mrs Molloy referred to the interest recently in the media on waiting times in Northern Ireland, and advised that the figures did not include diagnostic waits and said that there were less than 1,000 waiting for a diagnostic test in the Western Trust which is the lowest position in Northern Ireland, other Trusts have considerable numbers of patients also waiting for a diagnostic test.

In relation to inpatient/day case, members were advised that the standard is that at least 55% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 52 weeks for treatment. It was noted that the Trust's performance against the standard is 32% with 12,829 patients waiting longer than 13 weeks and 5,953 patients waiting longer than 52 weeks. She advised regionally performance is an average of 30% of patients referred have their treatment within 13 weeks, and that over 60,000 people were waiting for treatment across all Trusts.

Mrs Molloy updated members on the performance improvement trajectory against delivery of core (contracted) elective activity. She said that in relation to inpatient/day case, the Trust's actual performance for April – October 2019 was -9% against a predicted performance outcome of -11%. Mrs Molloy noted that the regional performance was -10.7%.

Looking at new outpatients, Mrs Molloy advised that the Trust's actual position was -15% against a regional performance of -12.7%.

Mrs Molloy continued by sharing information in respect of specialities with longest waiting patients, and said these were routine patients, not patients who have been referred as red flag or clinically urgent. Mrs Molloy assured members that a patient can be reassessed and in some cases a routine patient can have their clinical priority changed to urgent during their pathway. Discussion took place regarding patients categorised as urgent and Mrs Molloy agreed that she would provide members with more information on patient waiting times for urgent and red flag patients on a regular basis.

Mr Hegarty voiced his concern on the number of longest waiters, and the level of work needed to address the situation.

Mrs Molloy shared actions being taken to address waiting times, including waiting list validation work, which had resulted in 300 patients being removed from the outpatient waiting list as no longer requiring a referral. She said that through using waiting list initiative capacity, the Health and Social Care Board had commissioned

additional activity to the value of £1.9m which had focussed on red flag and urgent patients. 1,000 patients will be seen through inpatient/day case and approximately 5,000 patients will have a new or review outpatient appointment. She said that she said 49% of activity had been delivered at month 7 and the service is still planning to deliver however there may be some risk of impact due to industrial action.

Referring to hospital cancellations, Mrs Molloy advised that the Trust had 10,000 hospital cancelled appointments. She said that the Commissioning Plan Direction target for 2019/20 is to reduce the number by 5% - that is no more than 9,509 cancellations for the year. Members were advised that the Trust is performing well against this target however significant work is being undertaken to further reduce the number of cancellations.

Continuing with patients who "Did Not Attend" (DNA), members were advised that in 2018/19 the new outpatient DNA rate was higher in the Western Trust than the regional average. It was noted that the DNA rate had been decreasing since 2014/15 and the downward trend continued in 2019 year to date, but this remained an area of opportunity to improve use of resources. Mrs Molloy referred to the specialities with the highest DNA rates and said these were being reviewed and an assessment of cause and planned actions to improve are being developed. She also noted that patients being given the opportunity to rebook directly within 4 weeks after their first DNA episode has improved the position and this approach has relieved pressure on primary care to re-refer. Mrs McKay reminded members that all outpatient appointments are partially booked and patients are given a choice to book their appointment at a time that suits them. Members were also advised that there is a higher number of DNAs in day case and even though patients are rang in advance of their appointment there remains an unacceptably high DNA rate.

Mrs Molloy briefed members on measures being taken to equalise waiting times across the hospital sites. She said that actions include additional sessions, transferring patients to other consultants, waiting list initiatives and a change in clinic templates to deliver additional new appointments.

Mrs Molloy referred to the risks and challenges in delivering elective care. She said there are considerable gaps between available capacity and presenting demand across a range of specialities with growing waiting lists. She said routine patients are particularly affected and there has been limited in year WLI investment. She said there continues to be workforce gaps which specialties have struggled to fill sustainably, and there remains the potential risk of impact from industrial action during December and in the months ahead.

Unscheduled Care

Mrs Molloy advised members that during October the Trust's 4 hour position was 67% which was significantly below the predicted position of 76%. She added that Altnagelvin Hospital had achieved 61% against a predicted 71% and the South West Acute Hospital had achieved 64% against a predicted 73%.

In relation to patients who breached the 12 hour standard it was noted that cumulatively to date the position within Altnagelvin Hospital was 2,124 and South West Acute Hospital 1,240. It was noted that the numbers of patients waiting in excess of 12 hours in Altnagelvin ED is growing each month, however the position is more stable in SWAH.

Members were advised that at the Delivering Value Management Board meeting held on 31 October it was agreed that the Unscheduled Care Deep Dive Programme of Work across Altnagelvin and South West Acute Hospitals will commence as a new Programme, with the Project Management Office applying a project management approach, identifying the programme of changes targeted and monitoring progress.

Mrs Molloy outlined a range of actions in place to manage the Trust's response to pressures in ED. She said these included the implementation of Hospital Earning Warning Scores to trigger business continuity actions, weekly resilience and planning meetings, acceleration of the SAFER flow work in both hospitals across wards, testing feasibility of further escalation capacity options in Altnagelvin, managing responsiveness of nursing home providers and communication with partners such as Western Urgent Care and the Ambulance Service.

Mrs Molloy outlined the risks and challenges being faced in unscheduled care. She said there continued to be an increase in demand – in Altnagelvin Hospital this was +3.5% and in the South West Acute Hospital this was +4.4%. She added that there has been an increase in unplanned re-attenders and while the number of patients requiring the complex discharge process had not increased, length of stay for those patients who are delayed had increased. Mrs Molloy noted that domiciliary care package and stepdown bed availability were consistently the highest reasons for delay in discharge.

Concluding her presentation Mrs Molloy referred to 3 key messages. She said there is a challenging picture across a range of specialities and services. She added that focus on achievable work to move issues forward is required and the Trust must manage risk to patient and client care and ensure continuity of service delivery is prioritised.

Discussion followed Mrs Molloy's presentation. Mrs Woods asked how the Trust would measure the impact of the industrial action on waiting lists. Mrs Molloy said the Trust is monitoring the number of patients affected and this information is being reported in the Trust's daily sitrep report. Mrs McKay said that the Trust is obligated to rebook patients within 28 days however this is proving challenging.

11/19/10

FINANCE & PERFORMANCE MINUTES – 5 NOVEMBER 2019

Mr Hegarty referred to the minutes of the Finance and Performance Committee meeting held on 5 November.

He began by referring to the Trust's meeting with the Permanent Secretary and said the Department of Health is confident that the Trust is addressing its deficit.

Mr Hegarty referred to expenditure within Acute Services and expressed concern that unless this expenditure is addressed the Trust will not break even. He referred to the Trust's tactical savings plans and to the shortfall position at month 7. He said he was however assured that the Trust would meet the shortfall but noted that 80% of the shortfall is in Acute Services and that of the predicted position at year end, again the majority of the shortfall is in Acute Services. Mr Hegarty referred to agency spend and said that expenditure within Acute Services had increased by 15% from last year. He suggested to members that consideration should be given to redirecting resources to Acute Services.

Mr Guckian said that it is not uncommon in HSC Trusts for the majority of financial pressures to be in hospital services. He added that any service which is delivered 24/7 is very costly.

Mr Guckian advised that the Corporate Management Team strategy is to get most Directorates to financial break even so that Acute Services can be supported by corporate teams.

Ms Mahon referred to the tactical savings plans and that some projects have not delivered to plan. She used an example of a proposal to bring a child back into the care of the Trust which had to be revised due to a change in circumstances in the child's care plan.

Dr O'Mullan thanked Mr Hegarty for his summary. She said that in considering the information it would appear to her that Acute Services requires further investment given the increase in demand.

Mrs McKay referred to unscheduled flow and demand. She said historically in the past when the Health and Social Care Board has monitored demand additional resources have been received when demand has increased. She noted that in the past 2 years there has been no new money yet demand has increased. She said that in addition as hospital services are 24/7 she must ensure rotas are compliant and therefore any absences are covered.

Continuing Mr Hegarty referred to the Trust's transformation projects. He said he understood that projects had been established quickly from non-recurring monies and that staff had been recruited to posts on a temporary basis. He said that the Trust was beginning to prepare to stand down some projects which do not have funding beyond the 31 March.

Dr McIlroy noted the funding gap in the HSC. He said the pressures and financial challenge continue year on year and require to be addressed. He referred to transformation money and while accepting the challenges of non-recurring funding said there was an opportunity for the Trust to take learning from the projects and mainstream it.

Dr McIlroy said the F&PC had received an excellent presentation on the actions taken to improve information and controls around flexible staffing and suggested this be shared with members.

Mrs Laird referred to previous discussion on transformation and that she had requested feedback on decisions around projects continuing into 2020. Mrs Molloy advised that the workshop on 27 November had taken place with the Corporate Management Team where consideration was given to all transformation projects. Mrs Molloy said the outworkings of the workshop would come back to Trust Board in due course.

Mrs Laird referred to information on recurrent savings and Mr Guckian said that he would bring a paper to Trust Board on this. Mr Guckian assured members that the CMT has been focussing on recurrent savings.

Mrs Laird referred to workforce gaps being addressed through agency and said that she would like the Board to have a strategic discussion on this.

Mrs Laird referred to absence and asked if the financial cost of absence is shared with Trust Board. Mrs McConnell advised that every percentage of absence approximately equates to £1m. She said that this information is shared with the People Committee.

Mrs Woods said her experience has been in private business and said she accepted in health it is very difficult to apply a brutal efficiency lens to health and social care.

Dr Kilgallen thanked members for their comments. She said that it is accepted by the Corporate Management Team that Acute Services has a challenging financial position and that measures are being put in place to address this.

11/19/11

PATHFINDER INITIATIVE – UPDATE

Dr Kilgallen referred members to a Health Needs Assessment developed by the Public Health Agency. She said the aim of the report was to identify and where possible quantify health and social care needs of the people who live in Fermanagh and West Tyrone.

Dr McPeake commended the report and referred to Chapter 11 “Working with the Trust” and comments made by staff. It was noted that since the development of the report the Pathfinder Team has delivered a number of drop in clinics for staff to raise awareness and understanding of the Pathfinder Project.

11/19/12

TRUST BOARD UPDATES

SAI Process

Dr McDonnell shared with members information on what is a Serious Adverse Incident, Process Flowchart and Engagement Flowchart. She said the information outlines the roles and responsibilities of staff and details the process for engaging with families.

Following discussion it was agreed that this process would come back to Trust Board and information would be included on the work of the Rapid Review Group.

11/19/13

TENDER AWARDS

There were no tender awards for consideration.

11/19/14

TRUST FUNDS

There were no Trust funds for consideration. Dr McPeake asked Directors to look at Funds with a view to spending Trust Funds.

11/19/15

ANY OTHER BUSINESS

Mrs Laird advised members that she and Dr McPeake had an excellent visit to CTRIC.

Ms Mahon referred to the recent arrival of young people in Belfast and advised members that all Trusts have been asked to support the relocation of these young people.

The Chair referred to his continued familiarisation visits and said that he was delighted to meet so many exceptional staff. He said he was very proud of all their hard work.

Concluding the meeting the Chair wished everyone a peaceful Christmas and a happy New Year.

11/19/16

CONFIDENTIAL ITEMS

11/19/17

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 9 January 2020 at 11 am in the Denis Desmond Room, Trust Headquarters, Altnagelvin Hospital, Londonderry.

Mr Sam Pollock
Chair
9 January 2020