

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 10 January 2019 at 10am in the Denis
Desmond Room, Trust Headquarters**

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Mrs M Woods, Non-Executive Director
Mrs S Cummings, Non-Executive Director

Mr K Downey, Deputy Chief Executive
Ms K O’Brien, Director of Adult Mental Health and Disability
Services
Dr B Brown, Executive Director of Nursing/Director of Primary
Care and Older People’s Services
Mrs G McKay, Director of Acute Services
Ms D Mahon, Interim Director of Women and Children’s
Services/Executive Director of Social Work
Dr D Hughes, Medical Director
Mrs A McConnell, Director of Human Resources
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs J McMenamin, PA to the Director of Adult Mental Health &
Disability Services

11/19/1

CONFIDENTIAL ITEMS

11/19/2

CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the January meeting of Trust Board in Londonderry.

- He stated that he was delighted to welcome staff to the Trust's annual Leadership Conference on 7 December. This year's conference was entitled: "**One Team One Vision**".

The conference was part of the Trust's ongoing commitment to the development of senior leaders given the crucial contribution they each make to ensuring the Trust delivers its objectives.

The speakers had been chosen to share their thoughts and experiences in order to stimulate thinking and enthusiasm, to spark creativity and to re-energise staff. The conference also gave staff the opportunity to ask questions and contribute their thoughts and ideas and to have some time to reflect.

He was delighted to report that like last year the conference was hugely successful and the feedback has been very positive.

- On 12 December the Trust was pleased to host a visit by Dr Tom Black, a local GP and Chairman of the BMA Council for Northern Ireland.

Dr Black asked to visit a number of transformational services within the Trust and during his visit staff were delighted to share with him the work that is being taken forward with the respiratory team, endocrinology/diabetology and haematology departments.

He noted that Dr Black was very impressed by all that he seen and heard and concluded his visit in the North West Cancer Centre.

- The Chairman was delighted to learn that Ms Brenda McCabe, Midwife at the South West Acute Hospital was selected as the regional winner for Northern Ireland in the 2019 Royal College of Midwives Emma's Diary Mums' Midwife of the Year Award.

Members were advised that candidates for this Award are selected from nominations by mothers who describe how the care that they have received made a significant difference for them. This year, the Royal College received over 700 nominations and judges considered, amongst other things, demonstration of best clinical practice, support for the mother's emotional care, and support for strengthening the bond between mother and baby.

He acknowledged that this was an outstanding achievement in relation to Brenda's work and commitment to patient care.

The Chairman asked Ms Mahon to arrange for Ms McCabe and the mum who nominated her to join a future Board meeting as part of the Patient's Story item.

- The Chairman concluded his report by reminding members that a workshop with Mr Pedro Delgado would take place on 24 January to examine quality management systems.

11/19/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen briefed members on 3 important issues.

She referred to the busyness of unscheduled care over the Christmas/New Year period and said despite unavoidable delays staff had worked very hard and she commended them for that.

She referred members of the Trust's expected financial deficit of £24.4m.

Concluding her report Dr Kilgallen reminded members that one of the most important work programmes within the Trust is the implementation of the IHRD recommendations. She said she was pleased to report that leadership for implementation had been passed from Mr Downey to Dr Hughes.

11/19/4

APOLOGIES

Apologies were received from Dr C O'Mullan, Non-Executive Director.

11/19/5

DECLARATION OF INTERESTS

Mrs Cummings indicated that Mrs Molloy's report referred to the Red Cross. She confirmed that she was a member of the Red Cross. However, it was agreed that she would not have to leave the meeting for this item.

11/19/6

MINUTES OF PREVIOUS MEETING

The Chairman referred to the minutes of the previous meeting held on 7 December 2018.

Dr McIlroy asked that one change be made to the minute on the Infection Prevention and Control Update, specifically page 8. He suggested that it should read "Dr McIlroy commended the performance in respect of *C. difficile* and said that it was commendable that out of 22 cases **only** 4 had been preventable."

Subject to his change, the minutes of the public meeting were agreed as a true and accurate record of discussion.

11/19/7

MATTERS ARISING

There were no matters arising.

11/19/8

QUALITY AND SAFETY

The Inquiry into Hyponatraemia-related Deaths Report 2018

Dr Hughes confirmed that a Terms of Reference for the Trust's Hyponatraemia Project Board had been drawn up which set out the membership of the board, the roles and responsibilities in terms of overseeing the implementation of the Inquiry Report recommendations and the governance and reporting arrangements for the group.

He advised members that he would now take up the role of chair of the Project Board.

Following a meeting on 16 November 2018 between the Department of Health Project Manager for the Inquiry and representatives from the Trust oversight committees, it was agreed that bi-monthly meetings would be held.

Dr Hughes confirmed that he would attend these meetings and that Dr Brown would deputise if required.

He explained that the chair of Workstream 4 – Paediatric Clinical Collaborative, Mr Simpson and Ms McClean from the PHA recently met with Trust representatives. The focus of the meeting was an update on progress along with specific fact finding. He stated that one of these areas was in relation to FY1 doctors within paediatrics, however, the Trust confirmed that this did not occur. Dr Hughes went on to explain patient ownership of surgical paediatric cases in paediatric wards and confirmed that this was the same across the Western Trust.

Dr McIlroy thanked Dr Hughes for his efforts to date in relation to this matter. He confirmed his reassurances in relation to the matter.

Mrs Woods stated that there was a sense of greater collaboration across the region which was both welcomed and reassuring.

The Chairman thanked Dr Hughes for the detailed update and stated that it was extremely worthwhile.

Infection Prevention and Control Update

Dr Hughes provided members with an update in respect of infection prevention and control update.

He reminded members that the Department of Health had issued healthcare-associated infection (HCAI) reduction targets for 2018/19. For Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 5 cases. That is the same target as was required last year and one case more than the number actually reported in 2017/18.

The Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 56; a reduction of eight cases or 12.5% compared to last year.

In response to the O'Neill Review on Antimicrobial Resistance, Dr Hughes said the United Kingdom had adopted 2 ambitions in relation to human health, ie to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs).

As of 2018/19 the DoH has introduced targets for reducing healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. It was noted that the Western Trust is expected to achieve one fewer case in 2018/19 (49 cases) compared to the baseline figure of 2017/18 (50 cases), which equates to a reduction of 2%.

Dr Hughes continued by advising that since the beginning of April 2018, 7 MRSA bacteraemia cases had been reported. Six were categorised as community-associated as they occurred less than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]) and one case was classified as healthcare-associated as it occurred more than 48 hours after admission. As such, Dr Hughes explained that the reduction target set had been exceeded and could not now be achieved.

As of 28 December 2018, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 53 days

South West Acute Hospital (SWAH) – 1049 days

Omagh Hospital & Primary Care Complex (OHPCC) – 1438 days

Continuing with *C. difficile* Performance members were advised that so far this year 44 cases of *C. difficile* had been reported. It was noted that 26 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the PHA). However, this is not always an accurate predictor of being healthcare-associated. The remainder (18) were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Moving to GNB performance, members were also advised that so far this year 34 healthcare-associated GNB cases had been reported. Therefore, the Trust is currently on track to meet the target, with a cumulative reduction of 9.33%.

Dr Hughes referred to an increased incidence of vomiting and diarrhoea in Ward 3, Altnagelvin Hospital. He said that Ward 3 was closed for two days to new

admissions due to the matter. Norovirus testing was negative and the cause was not identified.

Discussion took place in relation to *C.difficile* performance. Dr Hughes explained that the 2018/19 target was 56 cases, which equated to a reduction of 12.5% on the baseline figure of 2017/18 (64 cases).

As of 28 December 2018, 44 cases had been reported, with 18 of those being categorised as community-associated. He explained that the Trust was currently off profile, with a cumulative decrease of just 8.33% compared to 2017/18. This comprised a decrease in healthcare associated infection cases of 3.70% versus a decrease in community acquired infection cases of 14.29%.

Dr Hughes confirmed that the Antimicrobial Management Team met on 21 November 2018 and discussed a number of matters. These included Outpatient Parenteral Antibiotic Therapy, Antibiotic Review Kit, HI-Surv and NICE Guidelines.

Mrs Woods queried the Outpatient Parenteral Antibiotic Therapy and asked how exactly it operated. Dr Hughes explained that there were three satellite hubs situated in Altnagelvin, Omagh and SWAH and patients come along to these units where their medication can be administered.

The Chairman noted the improving figures in relation to MRSA and *C. difficile*. He asked what the Trust's statistics are in comparison to other Trusts across the region. Dr Hughes confirmed that the Western Trust had the best performance regionally in relation to MRSA. He noted that *C. difficile* figures continued to improve.

Mrs O'Kane referred to Aseptic Non-Touch Technique and the noted difficulties in relation to the training of medical staff. She questioned if this could be provided at undergraduate level. Dr Hughes explained that although training is provided, only one third of FYO's actually take up post in the Western Trust and that is why figures are poor.

Mrs Woods enquired about the figures on part 4 of the report, Hand Hygiene Compliance. She questioned if there were difficulties in relation to areas not submitting hand hygiene scores. Dr Brown explained that there was a continuing focus on trends in relation to all scores. However, he provided reassurances that overall the matter was in hand.

Corporate Risk Register and Board Assurance Framework

Dr Hughes advised members that there were 24 risks on the Corporate Risk Register as approved at Trust Board on 6 December 2018.

Dr Hughes referred members to 2 new proposed corporate risks. Outlining the details of the first he explained it was in relation to the 'Impact on service if Industrial Action is taken in relation to Agenda for Change (AFC) Pay Reform'. He outlined the descriptor for the risk. Mrs McConnell informed members that she was hopeful this

risk would not happen as plans were being finalised to award staff outstanding pay increases. Following consideration members approved the addition of this risk.

Dr Hughes outlined the details of the second new proposed corporate risk, confirming that it was in relation to “Service Disruption/Loss of Service”. He outlined the descriptor for the risk. Mrs Molloy provided clarification in relation to the risk. She confirmed that the Trust was currently in discussions with the Northern Ireland Health Group who are taking this matter forward as the contract was their responsibility. Following consideration members approved the addition of this risk.

Dr Hughes continued by referring to the two risks that required re-grading, the first being Risk ID3 “Health and Safety risk – resulting in injury”. Dr McIlroy commended the work to date in relation to this risk. He stated that the evidence and systems in place to support improvements within health and safety had led to the risk being reduced.

Following consideration members agreed the regrading of Risk ID3.

In relation to the second risk for regrading, Risk ID1075 – “No deal scenario – Hard border/EU Exit”. Mr Campbell asked if the Trust was undertaking any detailed planning in relation to Brexit. Mrs Mitchell confirmed that Mr Paul Quigley, Assistant Director of Finance was leading on this piece of work. Members suggested inviting Mr Quigley to a future Trust Board meeting to present on work to date.

Mr McIlroy suggested that it was imperative that the Department of Health would have support plans in place in relation to Brexit, for all Trusts across the region.

Following consideration members agreed the regrading of Risk ID1075.

Dr Hughes then referred members to the de-escalated risk ID82 – “Failure to maintain medical/non-medical equipment”. He confirmed that this was continuing to be managed appropriately and there were no major concerns to report.

Mr Campbell referred members to Risk ID 924. He noted that there was reference to the SaFRA process within the wording, however stated that this was incomplete. Mrs Mitchell agreed that she would review the wording in relation to this.

11/19/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 NOVEMBER 2018

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 30 November 2018 contained in the papers.

Mrs Mitchell advised that the Trust is reporting a forecast deficit of £24.4m which the DoH has agreed to cover with an agreement that the Trust will develop a 3 year recovery plan commencing in April 2019. Mrs Mitchell advised that the deficit is made up of under-delivery of savings and new emerging cost pressures.

Mrs Mitchell highlighted to the Board that there is a significant risk of the Trust not being able to stay within the £24.4m deficit limit due to increased expenditure relating to Domiciliary Care, Community Equipment and nursing/medical premium costs. She also advised that there had been unexpected invoices amounting to £450k which had been received and were impacting on the final position. Mrs Mitchell advised that CMT were working on containing expenditure to remain within this limit.

Mrs Mitchell referred to Table 2 on the savings target and advised that the Trust had committed to delivering in-year low impact savings amounting to £3.5m. She advised that there remains a gap of £700k against this target and work continues with the Directorates.

Mrs Mitchell reported that the deficit at 30 November 2018 was £16.3m which was a deteriorated position compared to the previous month. She advised that there are a number of cost pressures which are resulting in an off plan position and these include domiciliary care and nursing/medical agency costs as well as unexpected agency invoices.

Mrs Mitchell referred members to Table 3 and highlighted that the Acute, PCOP and Women & Children's Directorates have increased their overspend from the previous month.

Mrs Mitchell referred to Table 4 outlining the other pay costs and referred members to two additional tables which provide information in terms of medical agency costs. She highlighted that medical locum costs are forecasted to reach £21.5m by the end of the year. She also highlighted that the Trust had increased by 26% its costs on flexible staffing compared to 2017/18. She further highlighted that these costs had increased by 13% compared to the previous month.

Mrs Mitchell referred to Section 3 and the commitment by the Trust to deliver on £3.5m of low impact savings. She advised that the plan is still short by £700k.

Mrs Mitchell referred to Section 4 on Elective Care and Section 5 on the Capital Resource Limit.

The Chairman stated that the Board was well aware of the challenge of remaining within the deficit limit of £24.4m and said that it would not be acceptable for the Trust to breach this limit.

Dr McIlroy said it was reassuring for the Board that CMT was giving the financial position its focus and would await improvement over coming months.

Mr Campbell stated that he was concerned about the run rates in 3 Service Directorates, these being Acute, PCOP and Women and Children's.

Mr Campbell queried the amount to be saved from introducing a medical cap. Mrs Mitchell advised that this was a proposal in the 2017/18 savings plan and that

savings would be dependent on the rate to be imposed. The Chairman advised that at his recent appraisal meeting he had been advised by the Deputy Permanent Secretary that the introduction of a cap was still being considered. Dr Hughes commented that other Trusts were now experiencing medical locum costs similar to the WHSCT. Mrs Cummings stated that the Finance and Performance Committee had requested an analysis of medical locum costs.

11/19/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the month ending November 2018 for information.

She said her presentation today would focus on month 8 performance against performance improvement trajectories which have been agreed with HSCB, and provide additional information on unscheduled care, cancer 62 day and Adult Mental Health Services.

Commencing with unscheduled care and performance against the 4 hour standard Mrs Molloy advised members that the Trust's overall performance for the period April – November 2018 had been 76% on average. Performance was 74% in Altnagelvin Hospital and 69% in the South West Acute Hospital over that period. She said this was below the predicted performance of 80%, and that the position was dominated by the fact that the SWAH position was considerably off plan, as Altnagelvin was in line with predicted performance levels, on average, for this period.

She provided the regional picture against both 4 and 12 hour ministerial targets, and members noted the challenges also experienced by other Trusts in this period. Mrs Molloy commented on the considerable level of 12 hour breaches during November and that there were a total of 177 in Altnagelvin and 157 in SWAH. The dominating issue for these cause of breaches was bed availability due to lack of flow into an inpatient bed, and the considerable level of delays to simple and complex discharge. She noted that the commitment to reducing complex delays was considerably off plan and that initiatives to address timely assessment and new capacity in the community described at previous meetings had been slow to progress.

Mrs Molloy went on to provide members with an update in relation to the Christmas and New Year period. She confirmed that the total number of admissions to Altnagelvin over the entire period was marginally down, with reduced admissions and a marked improvement in 4 hr performance since the previous year. Attendances had remained stable compared to the previous year in SWAH, as had 4 and 12 hour performance, and admission levels, however delayed complex discharges had been a significant difference from the previous year. She noted that the SWAH position had worsened considerably moving into January, and that this would be reported on in due course.

She commended staff within both Altnagelvin and SWAH for their efforts over the holiday period and the figures were reflective of this. Dr Kilgallen concurred with Mrs Molloy's comments.

Mrs McKay then updated members in relation to increased focus in relation to unscheduled care at the SWAH, and reflected on how much this had assisted some years ago in Altnagelvin. She confirmed that she will now be based in SWAH 3 days per week to support staff in relation to improving services and performance. She noted that a structured improvement plan was in development, and Trust Board would be updated at future meetings on the measure to be taken. Dr McIlroy commended all efforts from those involved and the commitment to an overall improvement plan for SWAH.

Moving to performance within cancer services, Mrs Molloy said that in relation to the 14 day and 31 day standards, the Trust's performance for the period April – November had been 99.1% and 98.5%. In respect of the 31 day standard it was noted that there had been two breaches. Against the 62 day standard the Trust's performance for the period April – November had been 72%.

Mrs Molloy then briefed members on the issues affecting compliance with the 62 day standard within Urology. She explained that a range of operational issues were being addressed collaboratively with the Northern Trust, in particular access to diagnostics prior to their treatment. In addition, delays have arising due to the Western Trust introducing a new TransPerineal (TP) biopsy procedure which involved a revised pathway requiring MRI pre-biopsy. She went on to note the impacts of this including the training of consultants and specialty doctors, reduced requirement for biopsy post MRI and reduced capacity during transition to the new procedure. However, she pointed out that on the whole, it would lead to improved outcomes and reduced risks for patients.

Dr Hughes briefed members on the TP biopsy procedure and the negligible risk of delayed access. Dr McIlroy noted the importance of ensuring specialty doctors were trained as a priority to ensure the rapid transfer to the new procedure. He also suggested being aware of the lessons learned on transitional issues of the procedure and the benefits of these. He concluded stating that it was an excellent move forward and was hopeful of its success.

Members noted the increased number of patients within the 62 day target, however, Dr Hughes reassured members that this was for a very good clinical reason, all of which was being appropriately scrutinised.

Mrs Molloy referred to the performance improvement trajectory in relation to mental health services. She referred to CAMHS and said at the end of November there were 32 patients waiting against a predicted position of 0. Members noted that the position had continued to improve.

In respect of the 9 week access target in relation to mental health services, members were advised that there were 566 patients breaching this target. It was noted that the predicted position was 438. Mrs Molloy said that workforce issues continued to

be a challenge. She said the service has agreed a Quality Improvement approach to address the 9 week performance standard which is being led by the Assistant Director and the clinical psychology lead in the Trust. She confirmed that additional meetings were taking place to focus on recovery in year. Mrs Molloy said her Directorate would continue to work closely and support the service with this improvement trajectory, but that it was proving to be a considerable challenge to recover ground.

Referring to Dementia services, members were advised that at the end of November there were 40 patients breaching the 9 week access standard. It was noted that the predicted position was 175 patients. Members noted an improved position from March 2018 with a decrease in the monthly breaches due to increase in memory nurse capacity, and that it had been agreed that the Trust and HSCB would review this trajectory in the next quarter due to the sustained improved position.

In relation to psychological therapies members were advised that at the end of November there were 548 patients breaching the 9 week access standard. It was noted that the predicted position was 548. Members noted the fact that this was currently on target.

Concluding her presentation Mrs Molloy provided members with a summary of the key issue from today's presentation – a mixed position in relation unscheduled care, elective sustaining performance against trajectories; good progress on waiting list initiative plans in scheduled care, AHP and mental health and the position on delayed discharges and unscheduled care remains largely unchanged. A focus on long term improvements to address workforce and demand issues in respect of mental health issues was being supported by limited WLI where possible.

The Chairman thanked Mrs Molloy for her very comprehensive presentation.

11/19/11

FINANCE AND PERFORMANCE COMMITTEE – NOTES OF MEETING HELD ON 4 DECEMBER 2018

Dr McIlroy referred members to the notes of the Finance and Performance Committee held on 4 December for information.

Members noted the areas discussed and approved the notes.

11/19/12

DELEGATED STATUTORY FUNCTIONS MID-POINT REPORT 1 APRIL 2018 TO 30 SEPTEMBER 2018

Mrs Mahon referred to the Delegated Statutory Functions (DSF) report within their papers and to her presentation confirming that this was a mid-point review from 1 April 2018 to 30 September 2018.

Mrs Mahon went on to outline the key messages from the report highlighting the following:-

- 36% increase in the Children in Need social work caseloads since March 2015.
- 90% increase in unallocated children (158) within FIS since the same reporting period last year. She explained that unallocated cases remained an issue within FIS which was mainly due to the Enniskillen team operating with 50% of their staff.
- Increase of 5% in the last 6 months of children on the Child Protection Register, noting and overall increase of 44% since March 2015.
- An increase of 1,350 contacts at the Gateway Team for the same reporting period last year which equated to a 42% increase overall.
- A 5% increase in the number of UNOCINI's accepted since March 2018. Mrs Mahon explained that during the 6 month period, 42% of referrals to Gateway required a UNOCINI. 31% of UNOCINIs accepted transfers to FIS Teams, whilst 44% of UNOCINIs were closed at the Gateway service.
- At 30 September 2018 43% of Looked After Children were placed in kinship foster care. In total there was an increase of 38 children looked after since 31 March 2018.

Mrs Mahon informed members that there had been recent research into the link between child care inequalities, poverty and children in care. She pointed out that the Western Trust has 5 of the top 10 most deprived regions across Northern Ireland.

She continued to explain the 36% increase in Children in Need since March 2015 when the figure was 4,435. She confirmed that this figure now sits at 6,016 at the end of September 2018.

In terms of the number of children on the Child Protection Register she confirmed that in March 2015 this figure was 297. This has increased to 427 at the end of September 2018.

She also noted the increasing number of Looked After Children.

Mrs Mahon went on to explain the current and emerging issues within Women and Children's Services. She noted these as follows:-

- Complexity of young people in care and in the community who require a wide range of bespoke packages with 24 hour wraparound support.
- Recruitment and retention of staff
- Outstanding foster care annual reviews

- Unable to meet the PFA 9 week target for CAMHs. She explained that this was due to a number of factors including the significant increase in referral rates, increase in emergency and urgent referrals, the complexity of cases presenting and staffing issues.
- In relation to Autism waits for assessment, the Trust is still awaiting the proposed regional framework.
- Carers assessments in ASD. Mrs Mahon explained that there are capacity issues mainly due to the large volume of assessments that are currently offered and completed.
- Demand from Children's ASD Service for Direct Payments and Family Support. She explained that there is a significant piece of work reviewing and transferring all existing care packages to Self-Directed Support.
- Short Breaks

Mrs Mahon went on to outline the current and emerging issues in Adult Mental Health and Disability Services. She noted these as follows:-

- Reduction in the number of Approved Social Workers
- The Self Directed Support process remains low within Mental Health. She noted that a group had been established to address and improve the update of Self Directed Support.
- One current Senior Social Worker vacancy in Adult Mental Health which has created a gap in relation to supervision.
- There are capacity issues in relation to domiciliary care, particularly in more rural areas trust wide
- Workforce issues for social work and social care continue to impact on unallocated cases and this has slowed down assessment and review processes in some situations. There are also significant problems recruiting staff on a Trust wide basis.

Finally in relation current and emerging issues within Primary Care and Older People, Mrs Mahon outlined the following:-

- Social work managers are continuing to increase the supervision rate for all social care staff.
- Installation of the remaining 3 newly appointed Social Work Managers and their backfill staff should be completed in the next two months.
- Primary Care and Older People continue to test and roll out key components of its Service Improvement Plan at its pilot site.
- Primary Care and Older People continue to work towards fulfilling the recommendations set out in the BSO audit of Domiciliary Care Services.
- Staff requesting mental health capacity assessments for Office of Care and Protection referrals have relied upon CMHTOP medics to provide this service. She explained that the service has been withdrawn and no replacement service is available, causing lengthy delays to Office of Care and Protection referrals.
- Issues around electronic data collection.

In conclusion Mrs Mahon stated that the Social Work Strategy was entering the third phase. She said that Signs of Safety and Adverse Childhood Experiences would drive the change in practice moving into the future. In relation to the impact of Universal Credit, she stated that this would impact on the social determinants on the population health profile. Mrs Mahon reassured members that work in relation to Social Work and Adult Mental Health was ongoing and confirmed that each Directorate had Delegated Statutory Functions as a standing item on their SMT agendas.

Mr Downey thanked Mrs Mahon for the detailed presentation. He commended the efforts of all social work staff across the Trust. He reaffirmed the 3 key priorities, Child Protection Register, increasing numbers of Looked After Children and the number of UNOCIN's.

A discussion took place in relation to the issue of poverty and how this was now starting to impact on services. Both Mrs Woods and Dr McIlroy asked if there was regional awareness of this very worrying trend. Mrs Mahon stated that within social services there was an understanding of the growing demands and the ever increasing challenges on services and staff.

Following further debate members approved the mid-point review on Delegated Statutory Functions. The Chairman thanked Mrs Mahon for her very detailed presentation.

11/19/13

PATHFINDER INITIATIVE - UPDATE

Mr Downey provided members with a progress overview of the work of the Pathfinder programme. He pointed out that as the programme moved into January, the intensive engagement phase would accelerate.

He confirmed that work had also commenced on selecting the 5 Experts by Experience to work with the Project. He referred members to a document enclosed with their papers outlining the methodology and selection criteria. He said that the expression of interests had closed on 7 January 2019 and there was a large number of high quality applications to consider. Mr Downey explained that it was proposed that the Trust's PPI Forum would adjudicate on the applications. He also confirmed that the Expert by Experience post holders would be paid for the services they provide.

In relation to the Pathfinder PID, Mr Downey confirmed that this had been accepted and approved. He stated that the Governance structure had been developed and referred members to details enclosed within their papers on this matter which outlined the details of the working arrangements and alignment to Trust structures. He explained that members of CMT would also be required to sit on various groups.

Mr Downey continued and noted that the project team was presently being recruited to. The Pathfinder Information Hub had been established and confirmed that the list

of engagement events for January were also enclosed with the meeting papers. In terms of attendance at these events, Mr Downey asked members to consider, where possible, attending one of the events. Members agreed that they would review the dates and link with Mr Downey in relation to their attendance.

Mr Downey confirmed that Professor Bengoa would be facilitating a health summit on 9 and 10 April 2019 in relation to Pathfinder. He explained that it was vitally important that the Trust would be well prepared for this.

Mr Downey briefed members on various issues that had arisen at the engagement events and stated that the events were met with positivity. Mrs Woods asked if people were realistic about the future and the challenges it holds. Dr Hughes explained that people had very real expectations but did not request anything that could not be achieved.

Mr Campbell sought clarity in respect of the timelines for the Improvement Plan. Mr Downey explained that as the summit was taking place on 9 and 10 April, there was a need prior to this to agree early implementation projects. However, he reassured members that he was very aware of this and was continuing to progress the matter within timeframes.

Mr Downey went on to explain that Dr Declan Bradley, PHA, had agreed to undertake a needs analysis on the plan which would also prove extremely useful.

Mr Downey paid tribute to both Mr Chris Curran and Mr Oliver Kelly, Communications, whose help and support were invaluable in getting the Pathfinder to this stage.

The Chairman thanked Mr Downey for his update and asked members that where possible, they could attend one of the planned events.

11/19/14

DRUMCLAY PRIVATE NURSING HOME

Dr Brown briefed members in relation to this item.

He stated that at the end of November 2018 all 34 residents had moved to alternative accommodation. However he explained that one resident had been moved to SWAH where they currently remained. He confirmed that they were currently on the list for the next available suitable placement.

Dr Brown outlined the plans around the Trust taking over Drumclay. He stated that the next steps were to secure the lease, identify the funding and progress the registration with the Regulation and Quality Improvement Authority. He hoped this would be completed in early April 2019.

Discussion took place in relation to the public interest surrounding these plans. Dr Brown confirmed that engagement was ongoing with local representatives and the Department of Health.

Mr Moore confirmed that he had asked the DLS and LPS to begin an intensive dialogue process with the homeowners before the end of January 2019. He hoped that following this, the Trust would be in a position to take possession of the building.

The Chairman noted his unease in relation to this matter. Dr Kilgallen pointed out that she understood apprehensions around these plans, noting that they were unusual. The Chairman queried the desirability of this move and noted his concerns in relation to the cost implications. He confirmed that the matter would require further considerable debate.

Mr Campbell noted that it was his view that a detailed document outlining all procedures would be brought to a future meeting of Trust Board for consideration and approval. Mrs Mitchell confirmed that this would be the process. She stated that this work was ongoing within the Trust and a business case was being developed to outline all the necessary plans and options. She confirmed that this would come to a future Trust Board meeting for consideration.

Members confirmed that they would await further correspondence in relation to this matter.

11/19/15

ENDOWMENT AND GIFTS COMMITTEE – MINUTE OF MEETING ON 4 DECEMBER 2018

Mr McIlroy referred members to the enclosure for this item.

He noted the Trust is reporting £2.3m across all funds.

He noted the ongoing liaison with The Charities Commission for Northern Ireland.

Following a brief debate, members approved the minutes of the Endowment and Gifts Committee held on the 4 December 2018.

11/19/16

SALE OF 1 & 2 RIVERVIEW ROAD, OMAGH (HAZELWOOD)

Mr Moore briefed members in relation to this item. He stated that following Trust Board approval for the sale of Trust property at 1 & 2 Riverview Road, Omagh at the December 2018 Trust Board meeting, he confirmed that the disposal process had been successfully concluded.

He stated that the highest received by was from Moffitt and Robinson Construction Ltd for £185,500, which had been accepted.

The Contract of Sale and Deed of Transfer had been signed and sealed by both the Trust and Purchased. Mr Moore confirmed that the sale was now complete with formal handover of the property taking place in early December.

11/19/17

WHST MAJOR INCIDENT PLAN – FOR APPROVAL

Mrs Molloy briefed members in relation to this matter. She stated that on 14 March 2018 a circular was issued from the Chief Medical Officer. The purpose of the circular was to introduce the 'Mass Casualties Incidents: A Framework for Planning'.

She explained that the Mass Casualty Framework was a strategic guidance document to assist the health and social care sector in the development of plans to deliver an effective health response in the event of a major incident involving mass casualties.

She confirmed that as per the circular, Chief Executives were asked to ensure that the Mass Casualty Framework was embedded into individual Trust Mass Casualty plans.

She sought Trust Board approval on the following outlined plans:-

- WHST Major Incident Plan
- WHST Casualty Major Incident Plan (including Mass Casualties)
- WHST Emergency Department Major Incident Plan
- WHST Chemical, Biological, Radiological, Nuclear (CBRN) Plan
- WHST Emergency Support Centre (ESC) Plan

Mrs Molloy confirmed that these plans had been reviewed and considered by CMT and were subsequently approved at the Corporate Management Team meeting held on 22 November 2018.

Following a brief discussion, members approved the plans.

Mrs Molloy confirmed that she would ensure the plans would be uploaded onto the Trust's intranet site and formally released with communication and further awareness training to identified staff.

11/19/18

TENDER AWARDS

There were no tender awards for consideration.

11/19/19

TRUST FUNDS

There were no Trust Funds for consideration.

11/19/20

ANY OTHER BUSINESS

Mrs Mahon informed members that the Milk Bank at the South West Acute Hospital was now operational again.

11/19/21

DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday, 7 February 2019 and will be held on the Omagh Hospital Complex.

**Mr N Birthistle
Acting Chairman
7 February 2019**