

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 7 March 2019 at 10 am in Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry**

**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

Mr K Downey, Deputy Chief Executive  
Dr D Hughes, Medical Director  
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  
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 C Gentile, External Support  
Ms U Doherty, Assistant Director of Human Resources  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Office of the Chairman/Chief Executive  
Dr C McDonnell, Flow Coaching Academy, Ms R Armstrong, Flow Coach for Frailty, and Mrs D Shortt, Service User – 3/19/8  
Mr P Quigley, Assistant Director – 3/19/15

3/19/1

**CONFIDENTIAL ITEMS**

3/19/2

**CHAIRMAN’S BUSINESS**

The Chairman welcomed everyone to the March Board meeting in Londonderry. He referred to a report of his business from the previous meeting.

- On 15 February the Chairman was delighted to attend an event acknowledging the talents, skills and achievements of the amazing young people in the 16+ Service.

He said this was a remarkable day in terms of acknowledging their achievements and the event recognised the commitment and support offered to them by their parents, families, carers, Trust staff and the Trust's key partners in the statutory and voluntary sectors many of whom made the effort to join the celebration.

As a Corporate parent the Chairman said he was proud of the young people's achievements and what they had achieved in their lives so far.

- On 5 March the Chairman was asked to take part in a mock Trust Board meeting as part of the Department of Health's "Aspiring Nurse Director Programme".

He said this was the first time the programme had been run in Northern Ireland and it was a very worthwhile programme.

- On 6 March the Chairman was part of a Trust delegation who received a visit by the North South Ministerial Council.

The Council requested a visit to the North West Cancer Centre and the opportunity to discuss stroke services with colleagues.

It was a very productive meeting with keen interest expressed in the Trust's cross border work.

- The Chairman referred to his earlier briefing in relation to Midwife Brenda McCabe, based at the South West Acute Hospital, who had been selected as the regional winner for Northern Ireland in the 2019 Royal College of Midwives Emma's Diary Mums' Midwife of the Year Award.

The Chairman said he was delighted to advise that earlier in the week Ms McCabe had been awarded the *Emma's Diary Mums' Midwife of the Year 2019*.

The Chairman said this prestigious award was one of the Royal College of Midwives (RCM) Annual Midwifery Awards, recognising the incredible work done by exceptional midwives across the country.

3/19/3

### **CHIEF EXECUTIVE'S REPORT**

The Chief Executive updated members on a number of issues.

- On 14 February members of the Executive Team met with Senior Leaders throughout the Trust. She said that the meeting was video conferenced across 4

sites so that senior leaders in all geographical localities had the opportunity to join the discussion.

Dr Kilgallen said there was extremely constructive discussion focussing on the delivering value programme with excellent contributions from across the whole organisation. She added that the meeting was energised and was helping to formulate our pathway forward to delivering best value for our patients and our population.

Dr Kilgallen said it was her intention to increase the frequency of senior leaders meetings as communication and empowerment of the organisation will be a key strand to improving our services and delivering financial improvement.

- On 21 February the Chief Executive and other Directors joined the Department of Health for a video conference where the DoH asked for permission to use the Trust as a prototype for developing integrated performance management information which can be used across the whole of the Province. This is a remarkable compliment on the Trust and is in line with our emerging thinking about how we measure the success of our delivering quality programme.
- On 28 February the Chief Executive, together with the Director of Finance, Director of Performance and independent advisor, met with the Permanent Secretary and Finance Director of HSCB.

This was the first meeting to discuss the Trust's improvement plan. An outcome of the meeting was that the Trust was given permission to reframe its corporate objectives to focus on the delivery of best value over the next 3 years.

Dr Kilgallen said this is an exciting opportunity and CMT together with the senior leaders within the Trust are working on delivery plans for the next 3 years.

- Dr Kilgallen said she was delighted to attend the launch of the Mpower Healthy and Connected Communities programme on 6 March. She said the programme aims to put health right into the heart of the communities that we serve with particular focus on older people aged 65+.
- On 12 March the Chief Executive joined a meeting of trades unions and staff associations in order to inform them of the progress the Trust is making in its delivering value programme. Dr Kilgallen said this was an important part of the Trust's communication throughout the organisation and said she believed staff involvement throughout is key to the programme's success.

3/19/4

**APOLOGIES**

Apologies were received from Dr C O'Mullan, Non-Executive Director, Mrs S Cummings, Non-Executive Director and Mrs A McConnell, Director of Human Resources.

3/19/5

**DECLARATION OF INTERESTS**

There were no declarations of interests expressed.

3/19/6

**MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on 7 February having been previously distributed were agreed as a true and accurate record of discussion.

3/19/7

**MATTERS ARISING**

There were no matters arising.

3/19/8

**QUALITY AND SAFETY**

**Improvement Story**

Dr Kilgallen welcomed Dr Catherine McDonnell, Flow Coaching Academy Lead, Ms Rachel Armstrong, Flow Coach for Frailty Big Room, and Mrs Dinah Shortt, Service User to the meeting. She said today's presentation would show how improvement that can be realised when services engage with service users.

Dr McDonnell thanked members for the opportunity to share an improvement journey that can be realised when services engage with service users. She referred to the "Big Room" concept within the Trust which is run currently within gestational diabetes, orthopaedics and frailty. She said patients are invited to share their story of their care so that service improvements can be made.

Dr McDonnell said that Mrs Shortt was part of the Frailty Big Room and was delighted that she was able to attend today to share her views. Dr McDonnell also shared Ronald and Lexie's stories.

Mrs Shortt described her experience of the Big Room and said that it was important that service users were able to share their experiences. She said that using a

service user allows staff to remember that patients are people and that all comments are constructive. She said meetings are scheduled for 1 hour.

Dr McDonnell said it is important for staff to be empathetic and respectful to the patient and the Big Room enables the development of new relationships and collaboration between the patient and professional and provide an understanding between the patient and the professional so that the patients have ownership of their health and wellbeing.

The Chairman referred to the Big Room for orthopaedics and said there were no patients in attendance. Mrs McKay said that on occasions it can be challenging to get patients involved and asked Mrs Shortt if she had any thoughts on how the staff could encourage more patients to participate.

Mr Downey referred to the work of the Pathfinder Initiative and the Experts by Experience which are being recruited. Dr McDonnell welcomed this approach and said she would be happy to work with Mr Downey to incorporate the Big Room methodology to his work.

The Chairman thanked everyone for attending.

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

Dr Hughes advised that the regional IHRD HSC Liaison Group met on 24 January 2019 where an update on each of the work streams was provided and an update was provided to develop assurance frameworks for each work stream. He confirmed that he along with the Assistant Director of Healthcare and Lead Nurse within the Women and Children's Directorate attended this meeting.

Dr Hughes also advised that he attended a meeting of the Department of Health-Trust Oversight Group on 25 February 2019.

Dr Hughes advised that the DoH has published research it commissioned on the introduction of a duty of candour in health and social care. The published research papers can be accessed on the Department of Health website.

Dr Hughes concluded by advising that the Trust continues to work to progress actions against the recommendations of the Inquiry Report. He said progress is regularly reviewed through the Trust's project structure arrangements and the action plan is updated to reflect the updated position. Members were referred to a copy of the latest version of the dashboard and action plan reviewed and updated as at 26 February 2019 for information.

The Chairman asked Dr Hughes if he satisfied with the pace of work. He responded that he was and that the recommendations were receiving priority within the Trust and the DoH. He said the Trust is engaged in weekly meetings which are well attended.

## **Infection Prevention and Control Update**

Dr Hughes referred to his report and reminded members of the DoH's healthcare-associated infection (HCAI) reduction targets for 2018/19.

For Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 5 cases, the same target as was required last year and 1 case more than the number actually reported in 2017/18 (4).

The Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 56; a reduction of 8 cases or 12.5% compared to last year.

In response to the O'Neill Review on Antimicrobial Resistance, Dr Hughes recapped that 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*. Dr Hughes said the Western Trust is expected to achieve 1 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 advised members that since the beginning of April 2018, 7 MRSA bacteraemia cases had been reported. He said 6 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 1 case was classified as healthcare-associated as it occurred more than 48 hours after admission. As such, the reduction target set has been exceeded and cannot now be achieved.

As of 27 February 2019, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

- Altnagelvin Hospital – 114 days
- South West Acute Hospital (SWAH) – 1110 days
- Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 1499 days

Continuing with performance on *C. difficile* members were advised that so far this year 57 cases of *C. difficile* had been reported. 30 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). The remainder (27) were categorised as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

As of 27 February 2019, 40 healthcare-associated GNB cases had been reported therefore the Trust is currently on track to meet the target, with a cumulative reduction of 12.72%.

Dr Hughes advised members that water testing continued throughout key Trust owned facilities with a range of mitigating actions being in place.

Dr Hughes advised that the Trust's overall self-reported hand hygiene scores are 81% when non-submission areas are included. He added that these areas score an automatic 0% and that 36 areas out of 193 applicable areas failed to submit scores for January 2019. Dr Hughes said that when adjusted for non-submission areas, the Trust's overall self-reported hand hygiene score is 100%. Members were advised that the hand hygiene dashboard has been circulated to Directors for action through their governance arrangements.

Dr Hughes referred members to statistical information showing the cumulative infection control related clinical incidents reported from April 2018 to date.

Concluding his report Dr Hughes advised that the Antimicrobial Management Team met on 6 February and discussion took place on outpatients parenteral antibiotic therapy, antibiotic review kit and guidelines.

Dr McIlroy referred to the performance in *C. difficile* and said it was disappointing that since the last report to Trust Board there had been 9 new cases, 3 of which were HAI. Dr Hughes said that as *C. difficile* is related to prescribing the vast majority are not preventable. He said RCAs were pending for 2 of the 3 HAIs and the third HAI case had already been through the process in relation to a previous positive episode so a second RCA is not required.

Dr Hughes added that since the beginning of April 2018, a total of 31 RCAs had been conducted regarding *C. difficile* and the RCAs determined that 5 of the cases were preventable and 26 were non-preventable. Dr Hughes said the Trust has changed its approach to prescribing and when a case is found we look at prescribing for every patient on that particular ward. Dr McIlroy said that he felt it worthy that we look at the epidemiology of this data.

The Chairman concluded discussion by commending the IPC Team for their work and all staff who have contributed to this performance and the cleanliness of the hospital.

Dr Hughes said he would feed this back to staff.

### **Environmental Cleanliness Update**

Dr Brown referred members to the Environmental Cleanliness Audit Report for the period October – December 2018.

He advised that in relation to bi-monthly reports, no audit scored less than 75% during the period and that overall compliance rate had been 95%, 74% and 72% respectively. He said that failure of the CRC System from mid-November resulted in some audits not being completed and this impacted upon the quarterly audit reports. He said that the IT difficulty had now been resolved and those audits missed would be rescheduled.



In relation to the quarterly reports, he said again no audit scored less than 75% and that compliance at the end of the quarter had been 74%.

Moving to the 6-monthly audit reports Dr Brown said that compliance at the third month of the 6 month compliance had been 55%. In relation to the managerial audits Dr Brown advised that 4 areas had scored less than 75%. Dr Brown explained that one area was not within the control of the Trust and 2 other areas are shared accommodation facilities. He said that re-audits would be undertaken.

Members noted the positive outturn across the audit areas.

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

Dr Hughes referred members to the Corporate Risk Register and Assurance Framework for consideration.

He said there are 26 risks on the Corporate Risk Register as approved at Trust Board on 10 January.

Dr Hughes referred to 2 risks for closure – ID99 and ID1100.

Following consideration of the risks and the rationale for the recommendation members unanimously agreed that risk ID99 and risk ID1100 be closed.

Dr McIlroy commended the evidence based decision making outlined within the report and that Audit Committee supports the decision also.

3/19/9

### **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 JANUARY 2019**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 January 2019 contained in the papers.

Mrs Mitchell reminded members 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 highlighted to the Board that she had previously reported that there was a significant risk of the Trust not being able to stay within the deficit limit due to increased expenditure relating to Domiciliary Care, Community Equipment and nursing/medical premium costs. She advised that in the interim additional slippage and income had been identified which means that she can continue to advise the Board that the Trust will contain its deficit within the authorised deficit limit of £24.4m.

Mrs Mitchell highlighted that the Trust had recently been requested to make a financial assessment of the forecast expenditure in 2018/19 and 2019/20 relating to the transformation projects.



Mrs Mitchell reported that the deficit at 31 January 2019 was £18.8m which is a stable position compared to the previous month. She highlighted the run rate for pay and non-pay expenditure had not reduced compared to the same period in 2017/18. She advised that the Trust needs to see a downward reduction in the run rate to support the delivery of financial targets in 2018/19, 2019/20 and beyond

Mrs Mitchell referred members to Table 3 and highlighted that the Acute and PCOP Directorates have remained at the same level of overspend compared to the previous month. However she said that the Women and Children's Directorate had reported a reduction with Adult Mental Health and Disability reporting a breakeven position.

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 £21m by the end of the year. She also highlighted that the Trust had increased by 27.0% its costs on flexible staffing compared to 2017/18.

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

Mr Campbell said that he was pleased to note that the Trust was containing expenditure within its Control Total despite a challenging environment.

Dr McIlroy said that there is a case to be made about the method used to allocate savings to the Trust. Mrs Mitchell advised that this is being discussed through the meetings being held with the Permanent Secretary.

Mrs Doherty asked whether the QiCR programme will deliver in full this year. Mrs Mitchell advised that it will not however slippage funding is being used to fill the gap.

Dr Kilgallen referred to the recent workshops within the Trust which were focussing on waste and value.

The Chairman said that he was pleased to note that the Trust was on track to keep within its Control Total limit.

3/19/10

### **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred members to the performance management report for the period to end of January 2019.

She said her presentation today would look at the key challenges facing the Trust namely:-

- 62 day cancer standard;

- Unscheduled Care within the South West Acute Hospital and Delayed Discharges; and
- Mental Health services

She said she would also provide an update in respect of the performance trajectories.

Commencing with the 14 day breast cancer standard members were advised that during January 250 patients were seen with a compliance rate of 99.6%. It was noted that there was 1 patient who breached the 14 day standard but was seen at day 16.

In respect of the 31 day target during January, 138 patients were treated of which 100% received their first definitive treatment within 31 days of a decision to treat against a predicted 100%.

Mrs Molloy said the Trust was very proud of its performance against the 14 day and 31 day standard.

Referring to the 62 day standard Mrs Molloy advised that during January there were 69.5 patients treated of which 49 began their first definitive treatment within 62 days of being referred. It was noted that this performance was 64% in the month of January 19, against a predicted 92%.

Mrs Molloy said over the past 3 months this standard was becoming increasingly challenging. She explained that of the 20.5 breaches this equated to 28 patients of which 15 were inter-Trust transfers, with 21 of the 28 patients being urology patients.

Mrs Molloy briefed members on the escalated issues affecting this standard and outlined a range of actions being taken forward. She said that in respect of urology patients additional waiting list initiative sessions have been arranged for TP biopsy, staff training is ongoing and the Trust is linking with the Northern Trust on timely diagnostics.

In respect of GI diagnostics Mrs Molloy said that consultant workforce gaps had been difficult to fill however arrangements have been put in place for Altnagelvin based consultants to rotate to the Omagh Hospital one day per week to assist, and 2 trainee nurse endoscopists will work in the Southern sector when training is successfully completed. Other issues which contribute to the breach position are access to PET scanning, and the ability for some patients to travel to Belfast or ROI, and the Trust's pathology capacity due to vacancies.

The Chairman asked if the Trust could improve on its improvement against the 62 day standard. Mrs McKay said she was confident that the Trust would improve given the actions that are being implemented as described above.

Mrs Molloy referred to a further meeting to discuss urology cancer breaches and operational improvement, and an upcoming performance accountability meeting with the Health and Social Care Board. She agreed to continue to update Trust Board on

these matters including the timeline to see improvement. She also said that she would seek out the regional performance position for members.

Moving to unscheduled care, Mrs Molloy advised that during January 19, the Trust's 4 hour position was 67% which is significantly below a predicted performance of 73%, with Altnagelvin at 65% and South West Acute Hospital at 58%.

Members were advised that when compared to the same period last year there was a 10% increase in the number of attendances to EDs across the 2 acute hospitals. Compared to last year she said Altnagelvin Hospital had improved by 2% against the 4 hour standard and length of stay was down by 0.37 days, with a small increase in 12 hour breaches. In respect of SWAH, there was a 3% deterioration in the 4 hour standard, length of stay was up 0.94 days and there were very significantly more 12 hour breaches.

Moving to delayed discharges, Mrs Molloy advised that the Trust's measures to address community capacity and improve discharge planning had proven challenging to put on the ground, and the complex discharge performance continued to fall. The Trust attained 71% against this standard, against a predicted 83%, and the cumulative position for the year to date was 79%, which was significantly below the cumulative predicted performance of 86%. Mrs Molloy provided the information for the 2 hospital sites, and the increased number of patients delayed on average, on a daily basis, particularly in SWAH was noted.

Mrs Molloy referred to the range of actions planned or underway to recover Unscheduled Care in SWAH and plan the necessary Improvement work. She outlined the factors that have been put in place which included senior level presence and the Director of Acute Services being present in the hospital 3 days per week. An improvement plan is also in development along with the implementation of the SaFER Flow bundle and an ambulatory care model. Mrs Molloy said that measures were being taken to increase EMI and step down capacity to facilitate discharge from SWAH, albeit these had been delayed beyond the winter period.

Mrs McKay advised that she will attend the next meeting of the Finance and Performance Committee to brief them on the work that is going. She said that staff within ED have a weekly dashboard and already she can see an improvement in the 4 hour performance standard and the number of 12 hour breaches has reduced.

Mrs McKay advised that access to beds continues to be a challenge and therefore the number of delayed discharges is critically important. Mrs McKay said that a facilitated workshop has been organised to examine discharges. Mrs McKay said that a plan has been put together by clinical teams and this will be shared with the Finance and Performance Committee.

Dr Brown added that while some additional capacity for Enniskillen in respect of step down and dementia is welcomed, he recognised that the delayed discharge run rate was still a concern. He said there are 15 more patients delayed now than this time last year and there are 27 complex discharges in SWAH today, with 23 of the 27 being beyond 7 days. Dr Brown said 14 were waiting on a domiciliary care

package. Dr Brown said in Altnagelvin there is 2 more delayed discharges than this time last year.

Mrs Molloy continued by referring to the performance improvement trajectory within adult mental health services. She said at the end of January, 715 patients were waiting more than 9 weeks against the predicted position of 514. She said the mental health service is currently undertaking improvement work, led by the director, on management and streaming of referrals, and implementation of CAPA to maximise capacity and standardise planned use of resource. Ms O'Brien referred to staffing challenges and said a workshop is planned for April with a view to full implementation of CAPA in mental health services.

Concluding her presentation Mrs Molloy referred to performance improvement trajectories across a range of services including dementia, psychological therapies and medical imaging. She said these services were either meeting or closely meeting the target set at the beginning of the year.

In respect of CAMHS services it was noted that the Trust was breaching its predicted position with 86 breaches against a predicted position of 16. Mrs Molloy noted that referral rates continue to increase with a 38% cumulative increase in comparison to 2017/18, with a growth in complex cases and a rise in emergency referrals. Members were advised at Trust staff are meeting the HSCB to discuss the key challenges and actions agreed.

Mrs Doherty raise a query with regard to the waiting list for occupational therapy. Mrs Molloy assured that the Trust is doing significant work via WLI. It was noted that workforce continues to be challenge.

The Chairman thanked Mrs Molloy for her comprehensive presentation.

3/19/11

### **FINANCE & PERFORMANCE COMMITTEE – MINUTES OF MEETING HELD ON 5 FEBRUARY**

Dr McIlroy referred to the minutes of a meeting held on 5 February for information. He said discussion took place on various issues and referred in particular to the Peripatetic AHP Team Lessons Learnt paper. It was noted that once the paper has been discussed by the Corporate Management Team that it will be brought back to the Finance and Performance Committee.

Mrs O'Kane advised that she attended this Committee meeting and that she was very impressed by the Committee and recommended that other Non-Executive Directors attend the Committee occasionally.

3/19/12

**AUDIT COMMITTEE – MINUTES OF MEETING HELD ON 5 FEBRUARY 2019**

Mr Campbell referred members to the minutes of an Audit Committee meeting held on 4 February for approval.

Mr Campbell referred to the Risk Report provided by Mrs Brown, Head of Clinical Quality and Safety and Mr McCaul, Head of Risk Management. He said that the new reporting arrangement was working well and reminded members that Audit Committee's role was to seek assurance and not to manage risks.

Mr Campbell referred to internal audit progress reports for 2018/19 and referred to reports in respect of Medicines Management and Mandatory Training both of which received limited assurances. He said that in respect of Mandatory Training a number of inconsistencies were identified across the Trust's geography and in relation to the Medicines Management audit Mr Campbell said that he had asked Mrs Mitchell to raise this at the next CMT meeting.

Continuing Mr Campbell referred to the audit in respect of Non-pay Expenditure 2018/19 for Women and Children's Directorate. It was noted that this audit had received a split assurance – satisfactory assurance for non-pay and limited assurance for procurement of social care contracts. Members were advised that the social care procurement issue was to some extent outside the control of the Trust.

Following consideration the minutes were unanimously approved.

3/19/13

**PATHFINDER INITIATIVE – UPDATE**

Mr Downey provided members with an update on the Pathfinder Initiative. He advised that all of his team were now in place which would support and navigate the work to be taken forward over the next number of months.

He advised members that there were 17 pre-engagement events held during the period August to November 2018 and 48 engagement sessions held from December 2018 – February 2019. He said to date approximately 2,000 stakeholders had engaged with the Initiative.

Mr Downey advised that engagement had been largely positive and communities were asking the Trust to work in partnership with them.

Following the consultation events Mr Downey said he and his team were developing the way forward and he said this would describe the key themes and proposed actions. He reported that the key themes emerging from the consultation exercises include building supportive communities, improving elective pathways across the Trust, immediate needs to address the shortage of dementia provision and the development of a refreshed health career workforce plan. Mr Downey said that

during April he would be developing an implementation plan with implementation of key actions by June.

Mr Downey advised that an online hub will be active from 8 March to allow engagement with the public to continue.

Continuing Mr Downey referred to the Experts by Experience and said that initially it was thought that 5 would be appointed however this had now increased to 7. Mr Downey said the selection of the Experts process took place on 4 March and that induction will commence on 25 March.

Mr Downey advised that each Expert will self-select a chair who will co-chair the Project Implementation Team. Each work stream will have a user representation and work streams will be informed by engagement and needs assessment.

Mr Downey referred to the population health analysis which is being led by Dr Farrell and Dr Bradley from the Public Health Agency. He said the PHA will be supported by the Project Implementation Team and the 3 work streams of the project to establish relevant “task and finish” groups to translate the information and data needs analysis.

Mr Downey thanked Board for its continued support in this work.

The Chairman thanked Mr Downey for the comprehensive consultation exercise and welcomed the online hub and the Experts by Experience. He said he looked forward to the continuing work.

Mr Campbell referred to recent interviews for a consultant post for the South West Acute Hospital and said there were 6 appointable candidates for one post which was a very positive step.

3/19/14

### **PATIENT & CLIENT EXPERIENCE/ 10,000 MORE VOICES REPORT**

Dr Brown referred members to 3 reports within papers. First, a report for the period 1 April 2017 to 31 October 2018 which represented the key messages from the regional and local projects undertaken as part of the 10,000 More Voices campaign. He said through the campaign patients, clients and staff feedback was integral to the Trust’s continuous improvement focus and commits to promote a regional and local culture to listen and learn from the stories and improve the quality of services for patients.

Dr Brown referred to 2 specific reports which were projects completed during the period – Experience of Delirium and Experience of Discharge from Hospital.

In relation to experience of discharge from hospital Dr Brown said that the surveys were distributed to wards and departments throughout the Trust between July 2017 and March 2018. He said that in the main, patients’ discharge experience were



either strongly positive or positive and patients' experience of hospital was in the main strongly positive or positive. He said that key messages coming forward were that patients were kept up-to-date with information about their care and the majority of respondents felt involved in the discharge process and knew who was looking after their discharge.

Dr Brown said that there were areas identified for improvement and these included staff members not always introducing themselves and an improved waiting time for discharge medications and letter, and improve waiting time for ambulance or taxi transfer.

Continuing with the second experience report in respect of delirium, Dr Brown said the survey remained open and therefore the local report was not completed as data collection was continuing. He said key message emerging included providing information and explanations, importance of family presence and appreciating the effects that an episode of delirium can have on patients/family members and carers.

Members were advised that of the surveys taken to date the experience rated by relatives was mostly positive.

Mrs Woods referred to the Experience of Patient/Carers using unplanned/unscheduled care and welcomed that 82% reported that staff overall were very respectful. However she said that 49% reported that staff had not introduced themselves to patients. Dr Brown said with the introduction of "Hello my name is ..." campaign should this percentage decrease.

3/19/15

### **BREXIT PREPARATIONS**

The Chairman welcomed Mr Quigley, Assistant Director of Finance to the meeting to provide members with an update in respect of the EU Exit Contingency Planning.

Mr Quigley advised that the UK Government and the EU have not yet agreed the basis upon which the UK will leave the EU on 29 March 2019. Mr Quigley assured members that the Trust has been planning for the UK exit from the EU since December 2017 in respect of contingency arrangements. He said the safety of people receiving health and social care is the Trust's top priority and it is important to note that at this stage, the Trust does not anticipate any immediate impact on day-to-day provision of health and social care services, therefore, patients do not need to do anything new or different.

Mr Quigley advised that with around 3 weeks remaining until exit day, the DoH has strengthened its 'no deal' preparations and has begun enacting key elements of contingency plans with action cards for the Western Trust as an ALB.

To that end, Mr Quigley said an EU Exit Operational Readiness Guidance document has been developed to support the Health and Social Care system in Northern Ireland to be prepared for a no-deal scenario. He added that the full document



contained action cards of which there are specific actions for the attention of Trusts/ALBs which is published on the [www.health-ni.gov.uk](http://www.health-ni.gov.uk) website.

Applying the operational readiness guidance booklet and particular action cards for Trusts, Brexit planning continues within the Western Trust and processes are in place for EU Exit Contingency planning.

Mr Quigley said as previously indicated, the DoH has now separated the strategic management of EU Exit planning into 3 work-streams:-

- Contingency Arrangements in relation to medicines, supplies and cross border services (Trust Lead – Mr Quigley);
- Emergency Planning (Trust Lead – Dr O’Neill); and
- Business continuity at DoH level with civil servants being diverted to these workstreams and therefore elements of routine work will slow down or cease.

As directed by the DoH Mr Quigley briefed that the Trust is still continuity planning for the timelines of 6 weeks before 29 March 2019 and then 12 to 24 weeks beyond that date. Regular briefings are now provided to CMT and Trust Board on EU Exit preparations and given the level of priority of EU Exit preparedness, Mr Moore has been assigned as the Senior Responsible Officer providing oversight, guidance and support where necessary.

Mr Quigley said a Trust EU Exit programme team, led by him, suitably represented by all Directorates, continues to conduct daily operations on contingency planning including workforce, cross border services including data sharing, contingency supplies, insurances and banking transactions.

He added that the Trust continues to attend various regional forums on EU Exit, including the DOH EU Exit Regional meeting scheduled for 6th March 2019 which has representation from various ALBs/Trusts. Other regional groups with EU Exit on their agendas include Medicines Preparedness, Information Governance, HR and Emergency Planning.

Mr Quigley provided members with an update in respect of:-

- EU Exit workshops on Brexit impact and contingency planning
- Preparation by the Northern Ireland Office, Executive Office, Department of Health and Health and Social Care Board;
- Human Resource Issues;
- Procurement and Logistics
- Frontier Workers/Staff with ROI addresses
- Data Sharing on Cross Border Services
- Insurances and Foreign Exchange
- Medicines and Medical Devices
- Assurances from Independent Sector Contractors
- Financial Returns on EU Exit Expenses

Members were advised that the Chief Executive has fortnightly meetings with the, Permanent Secretary and Chief Executive HSC, at which EU Exit Continuity planning progress and updates are discussed.

Members commended the report and asked about the stock piling of products. Mr Quigley clarified that most of the stockpiling is being done by suppliers on behalf of the Trust.

Mr Quigley further clarified that during this period the Trust would be operating as business as usual and said that any issues would be picked up through continuity planning.

The Chairman concluded the discussion by thanking Mr Quigley for his diligence and leadership in this work on behalf of the Trust.

3/19/16

### **POLICIES**

- Latex
- First Aid
- Assistance Dogs

Following consideration the above policies were unanimously approved by members.

3/19/17

### **REGIONAL EMERGENCY SOCIAL WORK SERVICE ANNUAL REPORT 1<sup>ST</sup> APRIL 2017 – 31<sup>ST</sup> MARCH 2018**

Ms Mahon referred members to the above annual report for approval. She said the report detailed the work of the Regional Emergency Service for the period April 2017 – March 2018.

Ms Mahon reminded members that the regional out-of-hours service is provided by the Belfast Trust on behalf of all Trusts and covers all Programmes of Care.

She said there have been some issues identified in respect of accommodation within the Western Trust and that she would take this forward.

Ms Mahon assured members that there are no major governance issues within the report.

The Chairman referred to the timeliness of the report and asked Ms Mahon to pass back to the report's authors that the report should be shared as soon after the year end as possible.

Discussion took place regarding the cost effectiveness of the service and Ms Mahon confirmed that she has sought the service specification. She said the service will be reviewed as part of an overall review of out-of-hours services in respect of best value.

Discussion continued on the IT deficit in the West. Ms Mahon said the Trust is moving to the same community information system as Belfast Trust and said that while the Western Trust is in transition the situation is being managed as best it could.

3/19/18

**ENDOWMENTS AND GIFTS COMMITTEE - MINUTES OF MEETING HELD 5 FEBRUARY 2019**

Mrs Doherty referred members to the minutes of the Endowments and Gifts Committee held on 5 February 2019.

Mrs Doherty advised that the Committee is seeking to reduce the number of Trust Funds and increase spend. She updated members on the registration of funds with the Northern Ireland Charities Commission.

Following consideration the minutes were unanimously approved by members.

3/19/19

**PEOPLE COMMITTEE – MINUTES OF MEETING HELD ON 21 JANUARY 2019**

Ms Doherty referred members of the minutes of the first People Committee held on 21 January for approval. She said that she was bringing the minutes on behalf of Dr O'Mullan who was unable to attend today's meeting.

Members noted discussion at the previous meeting regarding the Committees' draft Terms of Reference and workplan.

Following consideration the minutes were unanimously approved by members.

3/19/20

**TENDER AWARDS**

There were no tender awards for consideration.

3/19/21

**TRUST FUNDS**

There were no Trust Funds for consideration.

3/19/22

**ANY OTHER BUSINESS**

Dr Brown advised members of a series of Ward Sisters' meeting which have been scheduled across the Trust and asked Non-Executive Directors to consider attending one of the meetings to describe their role.

It was agreed that the dates would be shared with Non-Executive Directors.

3/19/23

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 April 2019 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

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**Mr N Birthistle  
Acting Chairman  
4 April 2019**