

**Meeting of the Western Health & Social Care Trust Board to be held on
Thursday, 3 October 2019 at 10.00 am in the Denis Desmond Room, Trust
Headquarters, MDEC Building, Altnagelvin Hospital**

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

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

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

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive
Mr A Macleod and Mr F Subin, Consultant Urologists (agenda
item 9/19/7)
Ms U Doherty, Assistant Director Human Resources (agenda
item 9/19/13)

9/19/1

CHAIRMAN'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the October meeting. He referred to a report of his business since the previous meeting.

- The Chair said he was delighted that Mr Campbell, Non-Executive Director, had his term of office extended for a further 4 year period to September 2023.
- On 9 September members attended a workshop with Mr Pedro Delgado, Institute of Healthcare Management. The Chair said it was a valuable session the essence of which was that the Board should focus on the quality of services.

- The Chair referred to the Volunteer Recognition Events he attended across the Trust during the past month. He said the volunteer teams are invaluable and the events were an opportunity for the Trust to say thank you for the massive contribution they make in both hospital and community settings. It was noted that the last in the series will be held in Altnagelvin Hospital later this evening. It was agreed that the dates for these annual events will be shared with the Non-Executive Directors who suggested a willingness to attend future events.
- During a visit to the Omagh Hospital and Primary Care Complex, the Chair said he met with Mr Brian McKay, Operations and Maintenance Manager and Ms Joann McCullough, Outpatients Manager, to discuss the untoward incident which took place on 22 September. He commended Dr Brown, Mr McKay, Ms McCullough and the NIFRS for managing the situation so competently and professionally. Dr Brown advised that as always after such an incident there had been a hot debrief immediately and that a cold debrief would take place in the coming week with all the agencies involved. He said there was some useful learning in respect of site emergency planning which would be addressed during the cold debrief.
- On 1 October the Chair attended the 10th Anniversary of the Cardiac Assessment Unit. The Cardiac Assessment Unit is a vital service to the people of Omagh and surrounding areas in treating people with cardiac conditions. During the event the Chair said he spoke to many retired medical staff who spoke so genuinely about the effectiveness of the Unit.
- On 2 October the Chair attended a Trust Wide Learning event in respect of Serious Adverse Incidents. He said the most important component of the SAI process is the opportunity to extract learning to continue to improve our services.
- The Chair encouraged members to remain after the Board meeting for a workshop to review the Trust's Corporate Risk Register.
- Concluding his report the Chair advised that before the meeting Dr Kilgallen, Mrs McConnell and he met with NIPSA who were protesting outside Trust Headquarters in respect of pay parity for Northern Ireland. The Chair said there was a constructive change of views but the issues were across the Region and out of our immediate control.

9/19/2

APOLOGIES

Apologies were received from Dr McPeake, Non-Executive Director.

9/19/3

DECLARATION OF INTERESTS

Mr Campbell referred to an item which will be discussed under confidential business and sought advice as to whether it would be a conflict of interest. The Chair advised that it would be and asked Mr Campbell to withdraw from the meeting when the time was appropriate.

9/19/4

MINUTES OF PREVIOUS MEETING

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

9/19/5

MATTERS ARISING

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

9/19/6

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen updated members on a number of key issues.

Delivering Value

Dr Kilgallen advised that the Trust was now in month 7 and said Mr Guckian would report on the Trust's financial trajectory later in today's meeting.

Members were advised that the Programme Management Office has been focussed in recent weeks on agreeing a final suite of tactical projects for 19/20 and the Trust has now 60 projects which are targeted for delivery starting in 19/20. The PMO is currently supporting Directors in the work needed to mobilise their longer term "Big Programmes", and make an assessment of outline opportunity for years 2 and 3 of the programmes.

Dr Kilgallen said that while the Trust is not on target for this work she can see sufficient progress in September to believe the Trust will regain this ground.

Training of staff in the Capability Toolkit is well advanced and this will target 415 staff across the Trust that have responsibility for the management of resources, all of whom will have attended 8 training modules. Training is 36% complete, with a further 29% booked for training sessions in September bring the total to 65%.

During September there was a specific focus at the Delivering Value Management Board on flexible/agency staffing, on call rotas, and absence management.

Dr Kilgallen said the most important focus now is on the work that is being done to embed “health checks” in the management of our services. This information will improve decisions about how we use resources locally.

Transformation

Members were advised that in 2019/20, £116.1 million (Confidence & Supply) had been made available across Northern Ireland to support transformation initiatives. To date the Western Trust has received allocations across 76 projects, totalling £14.3m.

The Trust also received £2.17m to carry out capital works to support transformation, mainly focussed on providing clinical accommodation for the Primary Care MDTs, the project to establish the preventative programme “Our Hearts Our Minds”, and Acute Care at Home in the Southern sector.

A total of 238 posts have been filled in individual projects within the Trusts overall Transformation Programme.

Dr Kilgallen recognised that Transformation projects have given important professional and career development opportunities to staff, however there has been an impact on core services of the significant recruitment which has been completed over a relatively short period. She said impact has most keenly been felt in Social Work due to the significant number of new posts recruited to support Primary Care MDTs.

Dr Kilgallen said work is now turning to considering which projects should be “mainstreamed” within core services in 20/21, and which projects will not be continued after transformation funding ceases. She added that key to this is a robust process to assess impact of the projects to date, and that work is well underway, with regular reports coming to CMT in recent months. Over 40 projects have been reviewed so far.

Pathfinder

Dr Kilgallen reported that Pathfinder is moving into the next phase – listening into action planning - which will involve working internally with staff and with partner organisations and the wider community, on a firm implementation plan for the work ahead. It was noted that active community engagement has continued with an important workshop being held on 25 September with partners to map community assets across the geography and start to prioritise key areas of work.

In taking these steps Dr Kilgallen said the Trust is intentional about using Pathfinder as an opportunity to develop an example in co-production for the Trust. She added that she is developing a job specification for the Independent Chair.

Dr Kilgallen said the work to progress a better understanding of population health needs for the geography is also being finalised by the Public Health Agency and will be submitted to DoH. This along with community prioritisation will assist informing a future business case.

Dr Kilgallen said the Trust has worked hard to keep Pathfinder's implementation planning approach in line with recommended practice for Involvement. She said she was conscious that the Trust is entering a new phase of work and for this reason she has changed the programme management approach, creating a specific PMO for Pathfinder. Members were advised that a formal Project Brief and new internal governance arrangements are being established, and a decision has been taken to have one of our most experienced staff in transformation to lead the implementation work on this phase of the Pathfinder project.

Altnagelvin Emergency Department

Dr Kilgallen advised that Altnagelvin Hospital continues to be very challenged with increased numbers of patients presenting to ED. Initial analysis shows that these patients have high acuity with ED regularly sees 80-90 patients per day with each day starting with 20/30 patients waiting. The conversion rate to admission has remained steady. The main concern is maintaining flow of patients out of ED into wards. Members were advised that delayed discharges are running at 30 patients (and increased to 47 on 1 October).

Dr Kilgallen added that the hospital has been at escalation since Monday, 30 September (business continuity level 2) and a range of actions and supports have been put in place, including a Community Co-ordinating Role.

Dr Kilgallen commended staff in ED and across the hospital and community site who continue to work under pressure.

On 26 September ED was particularly challenged and to maintain safe and effective care concern was raised to Senior Management by ED consultants and the Nurse Manager.

Owen Mor Care Home

Dr Kilgallen referred to a previous briefing from the Chair on 22 September summarising the position regarding the continuing support the Trust is providing to Owen Mor Care Home as it works to achieve compliance with RQIA standards.

Members were advised that in the last fortnight RQIA had undertaken 2 inspections which indicated overall improvement with care standards and medicines governance. It was noted that the Trust met with COPNI and listened to the views of the Commissioner's office on what was being expressed publically and the Trust informed COPNI of the Trust's intention is to offer to meet at Director level with every family of the current 60 Owen Mor residents as well as the 40+ residents who avail of a short break. Dr Kilgallen said these meetings were progressing well.

In view of the service resilience issues in the home, Dr Kilgallen said the Trust has established a business continuity group.

Flu Campaign

Dr Kilgallen advised that the Trust's Flu Campaign was officially launched on 1 October. She said there has been high flu activity in Australia and overall vaccine effectiveness appears good. Northern Ireland expects to experience similar activity.

Members were advised that the Trust Flu Committee which has the dual function of monitoring care of patients with flu and overseeing the strategic aspects of the flu vaccination campaign amongst staff has been meeting on a fortnightly basis.

Dr Kilgallen said the Trust will use Peer Vaccinators again this year, on the back of the success of the introduction of this role during the last flu campaign. The Flu Team was humbled to be recipient of the Flu Team/Vaccination Award during the Regional evaluation of last season's campaign in March 2019. However, Dr Kilgallen said it is recognised that there remains significant challenges in the uptake of the flu vaccination. The Western Trust flu vaccination uptake for doctors and pharmacists is the highest amongst all Northern Ireland Trusts, however, the overall uptake of only 30.5% amongst all eligible frontline workers lags the regional average of 35.4%.

The Chair asked why the uptake is low amongst eligible frontline workers. It was noted that it can be access to clinics and staff's belief in the vaccine. Dr Kilgallen said the Trust's focus is about giving better access and messages to staff on the importance of the vaccine.

Dr Kilgallen advised that the Flu Committee is reporting that it will not be anticipating that guidance for treatment of patients with flu will change from last year. It is prepared in ensuring that staff will be provided with adequate protection from exposure, including with appropriate face masks, and considerations for cohorting patients. Dr Kilgallen advised that the Trust was able to have a successful pilot of local testing for flu last year, but to date funding has not been secured for a similar service this year. It will collaborate with Regional Virology on this.

Dr Kilgallen concluded by advising that during the flu season, periodic updates would be provided on both the trend of vaccination updates, and on incidence of patients with flu.

Mrs Woods thanked Dr Kilgallen for her Chief Executive's report and sought further information on the Capability Training.

Mrs McConnell advised that the Capability Training is very specific training for staff on things like how to read a budget, what is the financial impact of recruiting agency staff, how to manage poor performance and how to manage absence.

Mrs Laird asked if there was a focus on quality improvement as this is one of the main responsibilities for Non-Executive Directors. Mrs McConnell clarified that the

toolkit is about making managers strong in managing people, information and resources. Mrs Laird asked if QI training is cascaded throughout the organisation. Mrs McConnell advised that quality training is carried out through the Quality 2020 framework and said different levels of training are targeted to different levels of staff. Mrs Laird said that she would be interested to learn how the training is progressing into the future.

Mrs Molloy advised that the Capability Toolkit training commenced in June and acknowledged the efforts of managers and staff to promote and encourage attendance. She said this type of training programme is new to the organisation and that 65% uptake was to be commended.

Mrs McConnell concluded discussion by assuring members that an evaluation of the impact of the training would be undertaken to determine how valid the training has been.

9/19/7

QUALITY AND SAFETY

Improvement Story – Acute Services

The Chair welcomed Mr Alex Macleod and Mr Filip Subin, Consultant Urologists, to the meeting to share with members improvements in the prostate cancer patient pathway. Mr Subin thanked members for the opportunity to attend. He advised that prostate cancer is the most common cancer in men with more than 47,500 men diagnosed each year in the UK. He said 1 in 8 men will be diagnosed with prostate cancer in their lifetime.

In Northern Ireland more than 1,000 men are diagnosed every year with more than 200 men dying annually. More than 9,000 men are living with and after prostate cancer in Northern Ireland.

Mr Subin shared with members the former clinical pathway and the new pathway, which uses a Transperineal Biopsy (TP) which improves the accuracy of diagnosis and reduces the number of infections and the use of antibiotics. He said the new pathway commences with the basic test of a PSA blood test and a digital examination before moving to an MRI scan through to TP biopsy or follow up.

Mr Subin advised that the first TP biopsy in March 2017 required general anaesthesia however through evolved techniques to freehand, only local anaesthetic for the TP biopsy of the prostate is necessary. Members were advised that the Trust had moved to the new pathway from June 2018 and the Trust stopped the routine use of prophylactic antibiotics at the same time.

Mr Subin continued to advise that from March 2017, 520 prostate biopsies had been performed with over 300 biopsies with “free hand” local anaesthetic technique being carried out. He said the pick up rate of prostate biopsy had increased from 45% in

2015 to 86% in 2019. He added that there had been no infections recorded and no significant complications overall compared with the former pathway.

Concluding his presentation Mr Subin advised that within Northern Ireland, Team North West Urology is the only Urology Team which no longer performs the former pathway.

Members thanked Mr Subin and Mr Macleod for their informative presentation and said they were very supportive of the new pathway. Following discussion it was noted that urology and medical imaging work in partnership in respect of the new pathway and that with the reduction in infection/sepsis there has seen a reduction on hospital beds.

Members asked about the timeframe for the new pathway. It was clarified that the MRI access time, happening before the biopsy treatment, is creating a particular difficulty in meeting the 62 day pathway requirement, and due to this the Ministerial standard is not being met. However, it was noted that evidence demonstrates that this is much improved patient pathway.

The Chair thanked Mr Subin and Mr Macleod for their informative presentation for attending today's meeting.

Infection Prevention and Control Update

Dr McDonnell referred to her report within papers. She advised that the Department of Health has not yet issued the new healthcare-associated infection reduction targets for 2019/20.

Members were advised that so far this year 34 cases of *C. difficile* have been reported, 18 being classified as healthcare-acquired. Dr McIlroy asked if there was any reason for this number. Dr McDonnell stated that since the last report to Trust Board there had been 2 new cases – one being community acquired and one being hospital acquired. She said the root cause analysis of the healthcare acquired case is outstanding. She however added that in respect of the cases occurring during 2019/20 a total of 19 RCAs had been conducted and 3 of the cases were found to be preventable, 14 were non-preventable and 3 were difficult to determine.

Since the beginning of April 2019, 2 MRSA bacteraemia cases have been reported. Dr McDonnell noted that they were both categorised as community-associated. As of 25 September the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 324 days

South West Acute Hospital – 1,320 days

Omagh Hospital and Primary Care Complex – 1,709 days

Members were advised that as part of routine water testing during the month the Trust had identified positive results for *Pseudomonas aeruginosa* in the Renal Unit, Altnagelvin Hospital. Dr McDonnell said the Trust was working in conjunction with

the PHA in managing the issue and that remedial works had been put in place to render the water safe to use. Members were assured that there was no impact to services and the positive result did not affect the water used for dialysis and no patient had come to harm.

Dr McDonnell added that at the beginning of the week water testing had reported negative results. Dr McDonnell commended the Trust's Water Safety Team for all its work in managing this situation.

Corporate Risk Register and Board Assurance Framework

Dr McDonnell referred members to the Trust's Corporate Risk Register as approved at Trust Board on 5 September. Members noted that there were no material changes and were referred to an update on actions from the Risk Register workshop in December 2018. Dr McDonnell referred to the workshop following today's meeting where further consideration of the register would take place.

THE CHAIR SUSPENDED STANDING ORDERS AT THIS POINT IN ORDER TO PRESENT THE TRUST'S ANNUAL REVIEW 2018/19 TO THE PUBLIC

9/19/8

PRESENTATION OF ANNUAL REVIEW 2018/19/ANNUAL PUBLIC MEETING

The Chair invited Mr Guckian to provide comment on the Trust's financial position.

Mr Guckian advised that every public body is required to account for its income and expenditure as well as its assets and liabilities in the form of audited accounts and report to the public by the means of an Annual Public Meeting. He added that in his role as Director of Finance he is required to report on the financial performance of the Western Health and Social Care Trust for the financial year 2018/19.

Mr Guckian began by acknowledging his predecessor Mrs Lesley Mitchell, who was Director during 2018/19 and said her financial leadership and stewardship over the last 12 years had been excellent.

In common with the wider health and social care system, Mr Guckian said the Trust is facing significant financial challenges. During 2018/19, the Trust was unable to achieve a breakeven position and a deficit of £24.4 million was agreed with the Department of Health. From 1 April 2019, the Trust has embarked on a 36-month financial recovery programme called 'Working Together Delivering Value' to stabilise the Trust's financial position and achieve a balanced budget by 31 March 2022. Mr Guckian acknowledged that the Trust Board recognises the importance of the Trust becoming financially sustainable to be able to deliver excellent services into the long term and is fully supportive of the Chief Executive and the Executive Team in this process.

Mr Guckian said his report would concentrate on 2 aspects of the Trust's financial performance as reported in the Annual Report and Accounts. Firstly, the Net Expenditure Account and Statement of Financial Position, and secondly the Trust's Financial Performance.

Turning to the Net Expenditure Account, Mr Guckian advised that the Trust had received over £735m income in 2018/19. This vast amount of money was primarily invested in local staff and services and was therefore a key element of our local economy. The bulk of this income, some 95% or just over £699m came from the Health and Social Care Board. Over £36m was spent in 2018/19 on capital schemes, vehicles and equipment. The Trust spent £20m on additions to buildings and dwellings and Assets under construction. £16m was spent on other assets and equipment.

The second area that Mr Guckian concentrated on was the Trust's overall financial performance. He said this was measured against 2 specific targets which are set in legislation:-

- The first financial target is the breakeven target which requires the Trust to contain its annual expenditure within its total income. The Trust reported a deficit of £24.3m.
- The second statutory financial target is control over overall spending on capital within a limit again set by the Department. I can confirm that the Trust met this target.

In addition to the 2 statutory targets, the Trust has a further target set by the Department of Health. Mr Guckian said this is adherence to the Prompt Payment Policy which specifies that the Trust pays all non-Health and Social services creditors within 30 days. The Trust reported that 93.1% of invoice value met this standard against a target of 95%.

Mr Guckian confirmed that the Western Trust takes its financial management responsibilities extremely seriously and is committed to the Working Together Delivering Value programme to achieve financial balance by 31 March 2022. Mr Guckian took the opportunity to thank all Directors, Managers and their staff for their continued commitment to providing high quality services within very difficult financial constraints. Mr Guckian concluded his report on the financial performance of the Trust for the financial year 2018/19.

The Chair expressed concern in relation to the timeline of bringing the annual report and supporting accounts to Board when they were subject to audit clearance by the Northern Ireland Audit office in July. Mr Guckian said it was his understanding that there is no longer a requirement for the accounts to come to Trust Board and that he would ensure a consistent approach with other Trusts over the next 12 months.

The Chair reconvened Standing Orders

9/19/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 AUGUST

Mr Guckian referred to his financial performance report for month ending 31 August. He reminded members that the Trust opened the year with an agreed deficit of £39m which formed the basis of the Trust's recovery plan objective.

He advised that the Trust received additional funding of £9m in July 2019 which related to previous pressures in respect of Looked After Children, energy costs and general savings credit 2018/19. This reduced the Trust's deficit to £30m.

Unfortunately Mr Guckian advised that the Trust was issued with a recurrent £11.3m savings target made up of Cost Control £10m, car parking £0.3m and Pharmacy £1m. Because of this savings requirement the Trust's opening deficit has been adjusted to £41.3m and from this figure the Trust has applied various savings to reduce the deficit to a revised forecast deficit of £7.5m (after a Control Total of £15m)

Mr Guckian added that the Trust must also manage a range of financial risks particularly service pressures in respect of medical locums, nursing premiums, children's services, winter resilience, accommodation and psychological therapies. Members were advised that the most significant risk is the need for resilience during the winter period as this could be up to £2m.

Mr Guckian advised that the Health and Social Care Board has identified £46m cost pressures funding in year and the Western Trust has received £5.3m to support existing cost pressures and £15m will be held by the HSCB to support the Trust's agreed control total in September 2019.

Members were advised that the DoH convened one to one meetings with each Trust Director of Finance in September to discuss the forecast regional and local financial plans. He said the outcome of the meetings was that all Trusts had identified other in year opportunities to support reducing the regional forecast deficit. Mr Guckian added that the DoH and HSCB are now looking at further opportunities mainly in year income slippage to reduce the forecast in-year regional deficit.

Moving to the Trust's financial position at 31 August, Mr Guckian reported that the Trust was reporting a deficit of £12.2m with a year-end forecast deficit of £9.4m. Mr Guckian said this showed that the Trust was achieving, or is forecast to achieve, £7.7m savings through a combination of tactical plans and pharmacy savings. Members noted that while this figure needs to increase in the coming months it reflected the work done since February/March 2019.

Members were referred to the summary of financial performance by Directorate. He said the reported deficit from July to August had reduced from 4.6% to 4.2%. Mr Guckian said the Acute Directorate was reporting an increase in its planned deficit however this off plan position was offset by an underspend in Adult Mental Health and Disability, Performance and Service Improvement and the support Directorates.

Continuing with run rate expenditure, Mr Guckian advised that the average run rate had reduced by £22k per day from the March baseline. It was noted that if this opportunity remained for the year it would forecast a £7.9m reduction in 2019/20. Members noted that the non-pay run rate is the area which has contributed to this forecast however the risk with the non-pay continuing at this rate is linked to activity which can increase in all services during the peak demand period over the winter period. Mr Guckian stressed that it is important that the Trust continues with grip and control on expenditure to support the delivery of circa £15m cash target savings included in the Trust's financial plan for 2019/20.

Mr Guckian referred to the tactical savings of £6.7m and said the monitoring of the savings showed that 28% of plans are on target. He said all the tactical savings must be delivered in full and they will require close management and monitoring over the remainder of the year and further contingency plans to address any off plan positions in year.

Mr Guckian referred to the Capital Resource Limit and the Prompt Payment Target.

Concluding his report Mr Guckian reiterated his key messages. He said progress continued to be made towards stabilisation of the Trust's finances, and savings plans have been identified and are achieving savings in-year. He said this progress needed to be both maintained and developed in the coming months to deliver towards the Trust's Recovery Plan requirements. In addition Mr Guckian reported that the Trust has been given a target of achieving £15m of savings in 19/20 and the Trust is currently 50% towards this. He said it is important that the Trust identifies further opportunities particularly recurrent savings to contribute towards this and that work has started which will attempt to put expected savings against this over the next period.

The Chair referred to the 3% reduction in the use of agency/bank/overtime per Directorate. Mr Guckian said that each Directorate has a team managing this expenditure and the skill to manage it is a key component of the Capability toolkit.

Mr Campbell commended Mr Guckian on the excellent presentation of his report. He referred to the revised forecast deficit of £9.4m and asked if there was any possibility of further funding being made available from the DoH. Mr Guckian said at this point the Trust must continue to focus on delivering on its savings targets and do everything possible to minimise our deficit.

Mrs Laird asked if there was any further opportunity for recurrent savings. Mr Guckian referred to the "deep dives" which are being taken forward and said strands would deliver recurrent savings in the next few months however the full effect of deep dives would be realised in years 2 and 3.

Ms Laird referred to financial performance within Acute Services and asked if this Directorate would make a turnaround. Mr Guckian said this would be difficult to predict as for example, activity in ED had increased by 6% in August and this increase in demand costs money. However, Mr Guckian said he would be doing further detailed analysis to understand better the financial spend of this Directorate.

Mrs Woods asked if there is learning from the 16% reduction in flexible staffing in the Women and Children's Directorate. It was noted that all learning from one Directorate is shared across all Services and that the Project Management Office is a central resource for all Directorates and it spreads learning.

Dr McIlroy referred to flexible staffing and said that a presentation had been made to the Finance and Performance Committee. He said the reduction of run rates is fundamental to the success of the recovery plan and said he welcomed a gradual reduction as he believed this would be more sustainable. Dr McIlroy welcomed the positive signs being seen.

Mr Hegarty sought clarity in the presentation of run rates and asked that the financial report include the total run rate spend and the reduction that is expected. Mr Hegarty continued to refer to table 1 the forecast deficit 2019/20 and sought clarity in respect of the Trust's corporate control of £15m. Mr Guckian said that graphically he attempted to show all funding sources however moving forward he would condense the table to show current position.

Dr McDonnell sought clarity in respect of who has authority to approve flexible staffing. Mr Guckian advised that the most senior officer on duty makes the decision to bring in flexible staffing.

Mr Campbell referred to the Trust's transformation allocation. It was noted that this funding has been guaranteed for 19/20 but not beyond. It was also noted that Projects to be continued must be agreed by the DoH.

Mr Hegarty said it is important the Trust does not commit to projects that it is not funded for. He said he had some concern with regard to some of these projects becoming business as usual or stopping given the significance of them.

Dr Kilgallen said the Board would have the opportunity to make a decision to go at risk with some of the transformation projects in either standing some down or continuing to provide the service.

Mrs Molloy briefed members on the work that has been progressing at reviewing transformation projects. She said 40 projects have been reviewed to date and will either continue through existing core services or additional funding into 20/21. Mrs Molloy said a significant workshop has been organised for 27 November and Directors have been asked to present their detailed plans relating to all transformation projects to be mainstreamed.

Dr McIlroy said that in these discussions it may be that the Trust has to take a risk with an unfunded project so that longer term it saves money.

9/19/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the Trust's performance management report for the period to end of August 2019. She said the Finance and Performance Committee discussion this week centred on the health check approach and had agreed to plan for detailed scrutiny of 4 elective specialties and cancer for the rest of this year. She said that she would concentrate today on a small number of areas of focus at month 5.

Commencing Mrs Molloy advised that during August the Trust's performance against the 4 hour access standard to unscheduled care was 67% which was significantly below the predicted position of 77%. She said performance at Altnagelvin was 57% against a predicted 73% and South West Acute Hospital achieved 70% against a predicted 75%.

In relation to the number of 12 hour delays in ED members were advised that in Altnagelvin there were 274 and in the South West Acute Hospital there were 129. Mrs Molloy said this increase was a worrying trend and demonstrated the pressure on flow in the acute hospitals, and in those community services which are critical to discharge.

Mrs Molloy shared the number of arrivals in ED arrivals to Altnagelvin hospital by month for 2017/18, 2018/19 and so far in 2019/20. She noted that in 2017/18 approximately 65,000 patients attended Altnagelvin ED, and if attendance to date is extrapolated to year end there will be 77,000 attendances in 2019/20. She said this was a very significant growth in demand and that the data collected on the acuity of patients attending shows that the proportion of category 1 and category 2 patients attending ED has grown significantly in Altnagelvin, evidencing that the Trust is caring for more acutely unwell patients in Altnagelvin ED. Mrs Molloy explained that SWAH is seeing a 4% increase in Category 3 and 4 patients, evidencing a different pattern of demand for SWAH.

Mr Campbell asked if the category 1 and category 2 patients are patients who had previously been inpatients. Mrs Molloy said the Trust has made significant investment in community services such as Acute Care at Home and Rapid Response to prevent attendance at ED, so for this client group it is possible that they are too acutely unwell to be suitable or capacity is not available in the community.

Mrs Molloy shared a range of unscheduled care information for both hospitals providing a comparison to the same month in the previous year, including increases in ED attendances, length of stay of inpatients, complex discharges, and compliance with the 4 and 12 hour ministerial standards. The growth in 12 hour breaches was pointed up as a particular concern, causing congestion in ED while these patients wait to be admitted. She said that this information has been shared in detail with the Finance and Performance Committee.

Mrs Molloy moved on to elective care, and delivery of the core commissioned volumes against performance trajectories agreed with the health and Social care

Board. She advised that inpatient/day case activity against delivery of core for April – August 2019 was predicted to be -14% and the actual position achieved was -11%. She briefly outlined the main issues impacting on elective IPDC performance across specialities. In relation to new outpatients and delivery of core Mrs Molloy advised that the predicted position for April – August 2019 was -17% and the actual performance achieved was -18%, and so this was on track.

Mrs Molloy referred to performance against the cancer access standards. She said the Trust's performance against the 14 day standard had been 100% with 247 patients seen during August. In relation to the 31 day standard, the Trust's performance had been 97% with 3 breaches, all these patients were seen at 36 days. In relation to the 62 day standard, the Trust's performance had been 60%. She noted that there had been 29 patients breaching this standard, 11 of which were ITT breaches. Mrs Molloy advised that half of the breaches related to urology, and referred to the presentation earlier in the meeting by members of the urology clinical team, which had provided useful detail on causes and impact of the delays for TP biopsy.

Continuing on diagnostic standards, Mrs Molloy advised that the Trust continued to perform very well, and advised that there were 323 patients waiting more than 9 weeks and no patients waiting more than 26 weeks. Mrs Molloy advised that of the 264 patients waiting longer than 9 weeks for an MRI, 177 of these patients are in SWAH. She said a backlog had built up in SWAH due to workforce issues and to address this, a plan has been developed to transfer some patients to Altnagelvin, but this had not been successful in August due to the current work to install the new MRI scanner at Altnagelvin.

Mrs Molloy referred to performance in relation to the CAMHS 9 week standard and advised that at end of August 265 patients were waiting more than 9 weeks against the predicted position of 367. Members were advised that increasing demand from 2018/19, growth in complex cases and a rise in emergency referrals are all contributing to the breach position. She added that the issue had been escalated to the senior professional officer in the Health and Social Care Board, and a meeting was scheduled in October to discuss this in more detail, and consider what steps can be taken.

Mrs Molloy referred to performance against psychological therapies. She said the Trust's performance at end of August was 727 patients breaching the 13 week standard against a predicted position of 629. She said the Psychological Therapy Service continues to experience increased and/or backlog demand in addition to workforce issues. Mrs Molloy advised that the trajectory capacity for 2019/20 had been based upon successfully filling current vacancies and maintaining all current workforce in post. Mrs Molloy advised of the recovery and improvement actions to recover the predicted trajectory position.

Concluding her presentation Mrs Molloy advised that focus would continue on unscheduled care at Altnagelvin Hospital as it is under most pressure however escalation measures have been agreed for business continuity measures and are underway. She said work will continue to seek to improve performance on the 62

day cancer standard and recruitment to vacancies and new service models will be taken forward for psychological therapies. Mrs Molloy said waiting list initiatives and efficiency measures will continue in respect of elective care.

Dr O'Mullan sought progress on the work of the Trust's critical friend in relation to managing increased demand without increased resources. Dr Kilgallen said this work is being captured with the deep dives. She added that the Trust is developing a recovery plan which will provide a baseline. Dr Kilgallen said Mrs Molloy and Mr Guckian have commenced this work.

Mr Campbell referred to the increase in ED and the overspend position of the Acute Services Directorate and said it is important we have discussion with the Commissioner to get additional funding for increased attendances and admissions.

Mr Hegarty referred to the increase in category 1 and category 2 patients and the impact on the ED 4 and 12 hour standards. He was advised that the majority of patients breaching 12 hours are those patients waiting on an inpatient bed to be made available.

Mrs Laird asked where the "tipping point" is if patients keep coming to ED. Mr Guckian said the recovery plan will include narrative and detailed analysis for additional investment for increased demand. Mrs Laird said the Board needs to understand this as a Board.

Dr McIlroy reminded members that the Ministerial target against the 12 hour standard is zero and suggested that we reflect on performance last year and the resources required to achieve this. Mrs Molloy said she would provide this information to Dr McIlroy.

Mr Campbell asked if the Trust knew how many category 1 and 2 patients were re-attenders or who had previously been inpatients. Mrs Molloy said she did not have this information but that she would provide information on re-attendances at the next meeting.

9/19/11

MINUTES OF FINANCE & PERFORMANCE COMMITTEE HELD ON 3 SEPTEMBER 2019

Members noted the minutes of the Finance and Performance Committee held on 3 September. Mr Hegarty said his briefing would concentrate on discussion which took place at this week's meeting. The minutes of the meeting held on 3 September having been proposed by Dr McIlroy, seconded by Mrs Laird and were approved by members.

Mr Hegarty referred to the Trust's delivering value programme. He said fundamentally the programme is about service change and grip and control. He said discussion took place on the 70 transformation projects and advised that an oversight meeting with the DoH has been postponed till November. He said there

was a lack of clarity in respect of delivery value and transformation projects and that he welcomed the CMT meeting taking place on 27 November.

Mr Hegarty said the Committee acknowledged the Permanent Secretary's strong support for the Trust' delivering value programme.

Mr Hegarty said the Committee received an introduction to the health checks being used within Directorates. He said 18 score cards were shared with the Committee which made the process very easily understood for a Non-Executive Director. Mr Hegarty said Directorates will very quickly, month by month, see performance across the 4 quadrants. He commended the development of the score card and said it was so significant in that it gives all the information a Directorate will need in the one document.

Mr Hegarty referred to cancer targets and specifically the 62 day cancer access standard. He said it was confusing as to when the 62 day starts and Mrs Molloy said she would provide clarification for Mr Hegarty outside the Board meeting. Mr Hegarty voiced his concern with regard to performance on access and said it is important the Trust manages waiting lists proactively with a view to decreasing numbers.

Mr Hegarty referred to complex discharges/delays and said there was a view that pharmacy is a major contributor. He said if this is the case the Trust should be able to control this as it appears to be a timing issue. He also referred to the increased activity in ED and the need to address this service.

Ms Friel referred to the role of pharmacy in discharges and asked that she understand the figures more. She said there is a Pharmacist and technician on each ward and there should be minimal delay in discharge. She explained that the only drugs that need to come from the Pharmacy department are the controlled drugs. Ms Friel said she would look at the figures and report them slightly different so that the exact reasons are clear for the delay in discharge.

Mr Hegarty referred to inpatient/day case activity and missed, changed or cancelled appointments due to the consultant being absent. He suggested this is an area that requires further work.

Mr Hegarty referred to the Trust's control total and suggested how the financial information is reported is confusing. Dr Kilgallen said the Trust reports its finances from an audit perspective. Mr Guckian clarified that the Trust has the authority to spend £15m but not the £7m.

Mrs Laird asked if the control total could be called in and it was clarified that it would be at year end. It was clarified that the Trust's control total last year was £24.4m and this year its £15m.

Mr Hegarty referred to the Acute Directorate and its current overspend of £8.9m. He raised concern that the overspend is not reducing and the Directorate's reliance on

flexible staff has not decreased. Mr Hegarty suggested that the Board took at this in further detail.

9/19/12

POLICIES

Western Trust Blood Component Transfusion

Ms Friel commended the above policy to members and following consideration the policy was unanimously approved.

9/19/13

HSC STAFF SURVEY 2019

Ms Ursula Doherty, Assistant Director Human Resources, was welcomed to the meeting to present to members the HSCNI Staff Survey 2019 results. She advised members that this was the fourth HSC Staff Survey which had taken place from 4 March–12 April and was part of a continued effort to engage with staff to improve working lives and in doing so provide better care for patients and clients. She said the survey was designed in partnership with the Department of Health, HSC organisations and Trades Unions and was facilitated by the Northern Ireland Statistics Research Agency. It was noted that the survey questionnaire recognised the huge body of research that has shown that motivated and engaged staff who feel physically and psychologically safe deliver high quality care to patients and service users.

Ms Doherty said that all 11,700 members of Western Trust staff were invited to participate and approximately 3,000 responses were received. She said this was in keeping with the average HSC response rate of 25%, which was similar to the 2015 average. Members were advised that there was little variation in response rates across Trusts however those organisations where large numbers of staff replied online had higher response rates.

Ms Doherty shared response rates by Directorate and said there was a higher response level from the support Directorates than from service Directorates. While many of the steps recommended from the NHS to increase response rates were included in the promotion of the survey, she said a reason for the difference may have been easier access to a computer during the working day to complete the online questionnaire.

Ms Doherty shared the distribution of responses from staff groups and said the position was similar to the regional distribution. It was noted that admin and clerical had the largest response rate.

Ms Doherty referred to the key findings of the survey. She said the questionnaire consisted of 23 questions and results have been presented in 35 key findings over 10 themes. She referred to Key Strengths which have been identified:-

- the Trust has the highest score in HSC for quality of non-mandatory training, learning and development;
- staff are satisfied with the quality of care they are able to deliver;
- Trust staff are more motivated and engaged than in 2015;
- increase in the % of staff appraised in the last 12 months;
- decrease in the number of staff working extra hours.

Referring to key opportunities for improvement Ms Doherty advised that almost half of staff felt unwell due to work related stress in the past 12 months. She said 35% of staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months and 30% from staff. She added that according to the HSE 40% of all work-related illness in the UK is stress related and that workers in health and social care have some of the highest rates of self-reported illness due to stress, anxiety and depression. It was noted that the Trust's response rate is consistent with the NHS in both the 2015 and 2019 surveys.

Ms Doherty advised that work has begun to address harassment, bullying and abuse. She said a new conflict bullying and harassment policy was launched in February 2019 focussing on informal resolution approaches. Training has already been provided for Trades Unions and HR staff and a mediation service is available with accredited mediators. The Trust Partnership Group with the remit to review zero tolerance has already begun work in relation to managing violence and aggression.

Ms Doherty referred to confidence and security in reporting unsafe clinical practice and said the Trust's response was lower than the HSC average. In relation to effective use of patient/service user feedback Ms Doherty said the survey demonstrated a need to make better use of patient/service user feedback and that some work already has taken place eg extending 10,000 voices campaign to service users, service improvement big rooms with service users being an integral part of the work.

Ms Doherty shared staff group highlights in respect of nursing and midwifery, social services and medical and dental workforce.

Concluding her presentation Ms Doherty advised that a Trust action plan will be developed to implement the results of the survey and this plan will be shared with staff in due course.

Discussion continued on the Trust's response rate and what can be done to increase this. It was felt that perhaps the survey was too long. Mrs McConnell said that key to increasing the response rate going forward is showing staff how seriously the Trust has taken implementing the survey findings. She said that there are

discussions with Directorates about paying attention to the findings and implementing the action plan.

Mrs Laird asked what percentage of the Trust's sickness absence relates to work related stress and she also raised concern at the number of staff exposed to violence. Members noted that the Trust has a Zero Tolerance policy however the highest number of incidents of violence towards staff is from patients. Dr McDonnell said the Trust provides training to provide staff with tools and techniques to protect themselves.

Mrs Laird referred to the percentage of staff experiencing harassment, bullying or abuse and said as a Board member she would like more information. Mr Hegarty echoed Mrs Laird's comments and said when you add the percentage of staff experiencing harassment from patients with the percentage of staff being harassed by other staff members the total is very concerning. Mrs McConnell said she would undertake a further analysis on these figures and report back to members. Mrs Laird said it is important that Trust Board are seen to be listening to the survey results.

Dr O'Mullan assured Board members that the findings of the survey will be discussed in detail at the People Committee.

Discussion continued on staff engagement and Mr Hegarty suggested that when seeking feedback the manager of the service should not be invited.

Reference was made to Twist West and Mrs McConnell said the Trust can track which elements of the website staff are reading. She said that Twist West provides a balance of activities and information for staff and has received very positive feedback.

The Chair thanked members for their comments. He said while the Trust's response rate was low, those staff who had completed the questionnaire were potentially under stress and it is very important for the organisation to listen to them. He added that with such a large workforce there will always unfortunately be issues of harassment and again it is important that these staff have the highest priority. He referred to recent representations made to him regarding bullying and said that Mrs McConnell will seek to get further information on this.

Ms Doherty was thanked for her informative presentation.

9/19/14

WESTERN TRUST PREPAREDNESS FOR BREXIT

Mr Moore advised members that following a request from Mr Pengelly, the Chief Executive is required to provide a statement of Trust preparedness for the UK leaving the EU by 12 October. He said he would be working with key staff to ensure the Statement is developed for this deadline.

9/19/15

TENDER AWARDS

There were no tender awards for consideration and approval.

9/19/16

TRUST FUNDS

There were no requests for expenditure.

9/19/17

TRUST BOARD DATES 2020

The Chair referred to the Trust Board dates for 2020 for noting in diaries.

9/19/18

ANY OTHER BUSINESS

There were no further items of business.

9/19/19

CONFIDENTIAL ITEMS

9/19/20

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 7 November 2019, in Lecture Theatre, South West Acute Hospital, Enniskillen.

**Mr S Pollock
Chair
7 November 2019**