

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 9 January 2020 at 11.00 am in the Denis
Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin
Hospital, Londonderry**

PRESENT

Mr S Pollock, Chair
Dr A Kilgallen, Chief Executive

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

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

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Office of the Chair/Chief Executive

The Chair welcomed everyone to January Board meeting and said today's agenda followed the new format.

1/20/1

CONFIDENTIAL ITEMS

1/20/2

CHAIRMAN'S WELCOME AND INTRODUCTION

The Chair welcomed members of the public to the Board meeting and thanked them for showing interest in the business of the Trust.

- The Chair began by referring to the trade dispute in relation to pay and safe staffing levels which began in November 2019 and which is continuing. He said the Trust remains respectful of staff's right to take action however a resolution to the dispute is needed.

Members were advised that the Department of Health has stated that officials have reached the limits of authority and affordability in the absence of Ministers and there is nothing further that can be done to address the concerns.

As a Trust Board, the Chair said it must assure itself that the impact for the population it serves at such a pressurised time is mitigated as far as possible and governance must remain a primary focus.

The Chair thanked Mrs McConnell for her continued leadership and for working positively with trades unions. He commended staff for their conduct during this period.

- The Chair advised that today was the last Board meeting for Mrs Woods and Dr McIlroy, Non-Executive Directors, whose terms of office end on 31 January. On behalf of the Board the Chair thanked them for their hard work, commitment and dedication during their tenures.

To date the Trust has not been advised of their replacements but the Chair said he hoped to have this resolved as soon as possible.

- Members were reminded that following today's Board meeting, a Co-production workshop would take place.
- The Chair advised that since the last Board meeting he had visited Carrick and Evisch Units at Grangewood as he agreed he would do following a meeting with a family. He said he could confirm the doors have been replaced and that he could report back to the family that actions have taken place. He added however that he still felt there were opportunities for someone to take their own life if they were determined to do so and there is a limit in terms of privacy and confidentiality in terms of structural alterations and the extent to which all doors in Units can be removed.

The Chair referred to another SAI where the family has also contacted him. He said the Trust is engaged with the family and he is confident that the SAI process will investigate the issues which have been raised.

1/20/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to a report of business since the previous meeting.

She said the dominating issue in December and since the last Board meeting has been the Trust's planning for, and response to, the Industrial Action by a significant range of staff groups.

Dr Kilgallen advised that Industrial Action had been managed through Business Continuity arrangements with the establishment of 2 Bronze Control Rooms - 1 for each sector and a central Silver Control Room. The high level of attention to detail, collaborative working relationships both internally and externally has ensured patients remained safe through the strike action during December and this week. These arrangements continue to be in place as Industrial Action continues.

Dr Kilgallen reinforced the Chair's comments that the Trust is clear that it respects the right of staff to take Industrial Action, and it is our role to work with them and with TU colleagues to manage risk to patients and clients in our hospital and community services.

In this regard, Dr Kilgallen assured members that patient safety has been to the forefront of minds across the Trust over the last month as frontline staff endeavour to provide safe services against both expected seasonal challenges and current Industrial Action. She said the impact of the strike days had been carefully planned for but we are mindful of the growing implications of the action short of strike, as staff withdraw from overtime and from duties which in the longer term will build and could affect the quality of service delivery and safe care.

Dr Kilgallen added that the Trust Governance Team continues to monitor reporting of incidents, SAIs, complaints through this period both to ensure reporting activity continues and to note any safety issues that may emerge. More broadly, the Governance Team is focusing on how to improve performance across a number of areas including SAI and complaint management. An action plan specific to SAIs will be shared with Trust Board at a later date and sits as part of a wider improvement project. External support is being sought to assist with this.

As part of the Trust's plans to mitigate risk and manage patients safely during the Industrial Action, Dr Kilgallen said the Trust has had to cancel and rearrange access to services for a whole range of patients and clients. She said the Trust recognises the inconvenience and distress this can cause and said staff have been working hard with TUs to minimise the impact to those most in need of services including red flag patients or those judged to be clinically urgent.

Dr Kilgallen shared with members the impact of Industrial Action on 18 December 2019.

Continuing her report, Dr Kilgallen referred to unscheduled care and acknowledged that safe and timely care have become an even greater challenge in the latter part of December and into early January.

She assured members that it is an ongoing focus for the Corporate Management Team with a weekly CMT review taking place which includes professional and

managerial leads from both EDs and tracks the actions which have been agreed to streamline work and support staff through a highly escalated period.

Dr Kilgallen said the Trust is increasingly seeing the impact of problems with timely discharge and there has been a trend of growing numbers for complex delayed discharges over recent weeks. She said the CMT are focussed on this area in its CMT sessions over the coming weeks.

Dr Kilgallen referred to the Trust's financial outlook. She said the Financial Performance report shows that the forecast for year-end remains as in month 7 that is a deficit of £6.8m above our £15m control total.

Dr Kilgallen said before the year end the Trust will review its recurrent position and this will inform next year's financial strategy. She added that work is ongoing in relation to the Financial Recovery plan for next year including locum management, theatre utilisation, domiciliary care contracts and Children's services in particular.

In updating members on general issues Dr Kilgallen advised that the Flow Coaching Academy NI which is based in the West has been selected to deliver a presentation to the Health Improvement Alliance Europe meeting in February. The Faculty will also be delivering a workshop on Flow Coaching later this month in Dublin as part of an all-Ireland Cross Border Quality Improvement Conference.

Members were advised that 3 Quality Improvement projects have been short listed for the Regional Quality Improvement Awards:-

- Strabane Mental Health Recovery Team engaged in Clinical Microsystem Coaching and coproduced with carers a very effective Support group;
- the Altnagelvin Acute Paediatric Team which completed the in house SQW Level 2 training and improved early discharge from the acute admissions ward; and
- the Frailty Big Room in the South West Acute Hospital which was 1 of the initial 3 Big Rooms from the first Cohort of Flow Coaching for work which decreased rate of admission of older people from ED.

Dr Kilgallen said that the Quality Improvement teams continue to deliver training and support to frontline staff in improving services. A new training specifically focusing on improvement skills for users of services and their families is being developed with support from colleagues in Southern Health and Social Care Trust.

Concluding her report Dr Kilgallen referred to other issues since the last Trust Board meeting. She said the RQIA findings on the Valley Nursing Home were being worked through by a Trust team in PCOP in partnership with the Southern Trust and working collaboratively with RQIA.

Mr Campbell referred to the Industrial Action and said it was regrettable that our staff have had to strike and lose a day's pay in order to seek pay parity. Mrs McConnell

confirmed that the strike action is also for safe staffing levels. To date there have been 6 days of strike action and as well as strike action there are a number of areas impacted by action short of strike on an ongoing basis particularly social care areas. Mrs McConnell assured members that the impact of this is being monitored within each Directorate.

Members were advised that the pay dispute culminated in a 36 hour strike involving NIPSA, Royal College of Nursing, Unison and Unite members commencing on 18 December 2019 and finishing at 6 am on 19 December 2019. Mrs McConnell said that this was the first time there were multiple unions striking on the same day and advised that the Trust turned down its services to Christmas day activity. She said the strike was carried out responsibly by those participating in the planned strike and the Trust had secured a number of derogations with trades unions in order to provide safe staffing levels for activities that were unable to be downturned.

Members were advised that further strike action had taken place on 8 January by the Royal College of Nursing who held a 12 hour strike and both UNISON and the Royal College of Nursing are striking on 10 January – RCN for 12 hours and Unison for 4 hours. Mrs McConnell stressed that this strike action was taking place at a highly pressurised time in the system and significantly increased risks. Due to this the Control Team is operating daily to oversee, monitor, plan and manage the situation.

It was noted that cancelled appointments will be rescheduled for as quickly as possible.

It was however noted that there are further periods of industrial action planned for in January by RCN and Unite. In addition the Trust has also received ballot papers for the Chartered Society of Physiotherapists, the Royal College of Midwives, the British Orthoptic Society and the British Dietetic Association. The Trust will be advised of the outcome of these ballots in due course.

Mrs McConnell commended the support and co-operation of managers and the responsible way trades unions are working with the Trust. However, she said the impact of the industrial action is immense.

Dr McIlroy acknowledged the cumulative effect of the strike action and asked what arrangements are put in place for patients categorised as red flags. Mrs McConnell assured him that any red flag or patient categorised as clinically urgent are being treated through the agreed derogations. Mrs McKay outlined the arrangements agreed in respect of the fast lane breast clinic and said this was able to proceed as trades unions had working in partnership with the Trust. Dr McIlroy expressed his concern over the safety of patients over a protracted period of strike. The Chair supported Dr McIlroy's view and said an urgent resolution to the dispute is important.

1/20/4

APOLOGIES

There were no apologies received.

1/20/5

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

1/20/6

MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 5 December, having been previously distributed were proposed by Mr Hegarty, seconded by Dr McPeake and carried by the Board as a true and accurate record of discussion.

1/20/7

MATTERS ARISING

Trust Board Meetings

Mr Campbell raised concern with the plan that the February and April Board meetings will be replaced with workshops. He suggested as a compromise that there should be a truncated Board meeting before the workshop so that the Board members can review the current financial position, note the Trust's performance and discuss any critical issues within the Corporate Risk Register.

Following discussion Mr Campbell's suggestion was unanimously supported.

It was noted however that the minutes of a full Trust Board meeting will come to the next full meeting of the Trust Board.

Corporate Risk Register – Private Nursing Homes

Mrs Laird referred to discussion at the previous meeting regarding risks associated with private nursing homes and placing this item on the Corporate Risk Register. She said at the last meeting she felt this matter was of such corporate risk that it should be added to the Corporate Risk Register and she asked that this be considered. Mr Hegarty supported Mrs Laird's point.

Dr Brown assured that risk of not maintaining service continuity is on the PCOP Directorate risk register.

Mr Guckian agreed with Mrs Laird and suggested that until assurance is provided through the Director Oversight Group that this risk should be added to the CRR.

Discussion took place on the Co-production Committee and members were advised that at the February Board workshop a draft Terms of Reference will be discussed with a final Terms of Reference coming to March Board for formal approval for the commencement of the Committee from April.

1/20/8

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell provided members with an update in respect of Infection Prevention and Control.

Members were advised that the Trust's reduction target in 2019/20 for Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia is 5 cases - a reduction of 2 cases compared to 2018/19. Members noted that since the beginning of April 2019, 3 MRSA bacteraemia cases have been reported and were all categorised as community associated as they occurred less than 48 hours after the admission to hospital.

Dr McDonnell noted that as of 31 December the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 421 days;

South West Acute Hospital – 1417 days;

Tyrone County/Omagh Hospital and Primary Care Complex – 1806 days.

Members noted that the Trust's reduction target for *C. difficile* associated disease is 56 a reduction of 9 cases compared to last year. So far this year the Trust has reported 47 cases, 26 of these were classified as healthcare-acquired as they occurred more than 72 hours after admission to hospital with the remaining 21 being classified as community acquired as the patients presented with symptoms within a 72 our period after admission.

Dr McDonnell reported that since the last report to Trust Board there had been 2 new cases of *C. difficile*. Root cause analyses are required for both of these cases and are currently pending.

Dr McDonnell referred to *Pseudomonas aeruginosa* and said since the beginning of April 2019, 3 cases had been reported. It was noted that all were categorised as healthcare-associated and that there have been no healthcare-associated positive blood cultures in augmented care areas since July 2019.

Concluding her report Dr McDonnell referred to Aseptic Non-Touch Technique. She said the IPC Team is currently involved regionally in the development of a training programme to support the learning of junior doctors in aseptic principles and device management. She added that this will create a standardised approach to training across the region combining e-learning with observations of practice. The e-learning set will also be used by a wide range of other disciplines across the region to help develop competence in such procedures and the management of devices. It was noted the new training programme is due to be launched in the first half of 2020.

1/20/9

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 December. She said there are currently 28 risks and there are no material changes to the CRR for approval.

Dr McDonnell referred to an update on actions following the October Trust Board workshop.

Dr McDonnell highlighted 3 critical risks which are important at this time:-

1. Mental Capacity Act – Action Plan – Ms O'Brien reminded members that the Act came into effect on 2 December. She said there had been significant challenges around Short Detention Orders and the establishment of panels. She said the action plan details a number of key actions including further training and added that staff are working with GPs on the backlog of assessments.

The Chair referred to concerns previously expressed regarding the Trust's preparedness for the Act and asked if the risk was at the same level. Ms O'Brien confirmed that it was but that at the end of January she hoped to review this due to mitigating actions being in place. She added that trades unions are involved in weekly meetings with the Trust and are encouraging staff training.

2. Industrial Action – the update provided earlier in the meeting was noted.

3. Transformation – Mrs Molloy referred to her paper which provided:-

- an overview of the regional HSC Transformation Programme;
- a high level summary of transformation programme finance allocation to the Western Trust;
- the spend in 19/20 on projects and slippage against allocations as at end of November;
- a brief overview of staffing and recruitment to the range of transformation projects in the Western Trust;
- a summary of mainstreaming recommendations being considered by the CMT for Trust projects beyond end of March 2020;
- and the regional position on mainstreaming project.

Discussion took place on mainstreaming/exiting projects and Mrs Molloy said she hoped the information given provided assurance that this was being considered in detail.

Mrs Molloy said that where funding has not been fully deployed the Transformation PMO would be writing to the DoH to advise that the funding will be returned to them.

Mr Campbell commended the report and asked what risk is there of further slippage before 31 March. He also highlighted that there is still no confirmation from the Department of Health that recurring funding will be made available and how this will have an impact on the Trust in light of the Trust's current financial position.

Mrs Molloy said that there is a risk of further slippage and the Trust acknowledges this risk and has been very open with project owners. She said that where possible the Trust will look very quickly at redeploying the funding.

Mr Guckian referred to the CMT workshop on 27 November where very robust discussion took place. He said that Directors detailed evidence of impact and outlined proposals by service areas to fund projects internally.

Mrs Laird referred to the 34 projects identified for mainstreaming and asked if the Trust did not get funding would they continue. She was advised that they would not. Mr Guckian advised that the Trust has been instructed by the DoH to continue with projects till 31 March. Mrs Laird recognised the importance of these projects and said the Board should be conscious of the opportunities lost when they stopped.

Mrs Molloy assured members that significant discussion is taking place with the DoH regarding the future of projects. She said all answers are not available at this point but that she would continue to keep members informed.

Mr Hegarty noted a very difficult position.

The Chair referred to the forthcoming mid-year accountability meeting and asked should this be raised for discussion. Dr Kilgallen confirmed that one of the main items for discussion is transformation.

Dr Kilgallen advised that she cannot expose the Trust to the financial risk of continuing transformation posts after 31 March where associated funding is not available. She said the mid-year accountability meeting is a key opportunity to raise this with the Permanent Secretary.

Mrs Laird asked Mrs Molloy to keep members informed of discussion and said she would like the Trust to scope the opportunity lost on those strategic opportunities for services.

Mrs Laird referred to the Pathfinder project. Mrs Molloy advised that the project management is resourced as a Transformation project however the work will continue within the Directorate of Performance and Service Improvement.

1/20/10

ENVIRONMENTAL CLEANLINESS UPDATE

Dr Brown referred members to the above Audit report over for the period July – September 2019. He highlighted a number of issues within the report.

In relation to the managerial audit report Dr Brown referred to the audit score for Carrickmore Health Centre. He said a new audit tool is being developed for GP practices which will be operational from April 2020. He reminded members that not all Health Centres are the responsibility of the Trust.

1/20/11

COMPLAINTS ANNUAL REPORT 2018/19

Dr McDonnell referred members to an amended Annual Complaints Report for 2018/19 which had been updated to reflect comments made at an earlier Trust Board meeting.

Following consideration the Annual Report was proposed by Mrs Woods, seconded by Mrs Laird and unanimously approved by members.

1/20/12

MOVING AND HANDLING POLICY

Dr McDonnell referred members to the above policy for approval.

Mrs Laird asked if all policies need the approval of Board members. It was noted that currently the process is that Trust Board approves all policies.

Following consideration the policy was unanimously approved by members.

1/20/13

BRIEF ON MEETING OF GOVERNANCE COMMITTEE – 11 DECEMBER 2019

Dr McIlroy provided members with an update of the Governance Committee meeting held on 11 December. He said the formal minutes of the meeting would come to the March Board meeting.

Dr McIlroy advised that overdue SAI Reviews continue to be a work in progress and 2 options are being considered to assist with resources and follow up through either the Leadership Centre or an independent organisation.

He advised that Dr Kuan presented to Committee the Mortality and Morbidity Report which focussed on 3 issues including how specialities are doing in terms of consultant review within 3 days, the number of patients reviewed at M&M meetings within 56 days, and totality of learning extracted from the M&M process.

Dr McIlroy said unallocated cases in Family and Child Care were noted as a concern by the Governance Committee.

Governance Committee also noted a report from the Corporate Governance Sub-Committee highlighting continuing issues with environmental cleanliness audits within health centres however the Committee was advised that a bespoke audit is being developed to address this issue.

Dr McIlroy advised that the Governance Committee Terms of Reference were reviewed and accepted with no amendments. It was agreed that QI reporting would be reviewed by Dr McDonnell and discussed at Trust Board in due course. He added that the amended Governance structure was approved by members and he assured members that there were no major issues identified and that he felt that Dr McPeake would assume the role of Chair following his departure.

Dr O'Mullan referred to discussion regarding mandatory training and said this would be discussed at the People Committee.

Mr Campbell raised concern with the timely reporting of SAIs to the HSCB and said this needed addressed.

Mr Campbell paid tribute to Dr McIlroy for his chairmanship and leadership of the Governance Committee.

1/20/14

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 NOVEMBER 2019

Mr Guckian referred members to the Financial Performance report for the 8 months ended 30 November 2019.

Members were advised that the Trust is reporting a year-end deficit of £21.8m less the approved control total of £15m which leaves a £6.8m gap in year.

Mr Guckian referred members to table 1 which detailed the forecast deficit for 2019/20 and advised that the Trust is much more assured of its £6.8m gap than last month as the forecast deficit showed an improvement of £200k which is the result of a specific allocation of funding from the Department of Health. Mr Guckian said this position is assuming that any further pressures are managed by the Trust in-year. However, he said there are significant risks facing the Trust - the need for resilience during the winter period which could be up to £1m and the achievement of savings plans/continued run rate reductions.

Mr Guckian referred to tactical savings and said the financial monitoring of the tactical savings plans was reporting savings of £3.4m against the plan of £3.8m therefore reporting an off plan position of £443k. It was noted however that this represented an improvement from month 7 and reflected work done in Directorates

in recent weeks. Mr Guckian added that the current forecast deficit is assuming the £6.7m tactical savings plans to be achieved however based on the November monitoring an under delivery of £1-£1.5m is forecast. It was noted that a corporate contingency plan has been developed to address this off plan position. Mr Guckian said with 50% of the total savings required to be achieved in the last 4 months, the forecast under delivery is fluid.

Referring to section 5 of his report Mr Guckian advised that the Trust has received a capital allocation of £31.44m from the DoH for 19/20 and referred to table 5 which described the planned expenditure. He added that there are no risks being highlighted in relation to meeting the Capital Resource Limit in year.

Concluding members were advised that 90% of undisputed invoices were paid within 30 working days of receipt against a target of 95%.

Mr Campbell referred to the Trust's forecast deficit position and the off plan gap of £6.8m and asked if the DoH would fund this or would this be carried forward into 2020/21. Mr Guckian advised that there is no decision from the DoH at this stage however the Trust continues to lobby the DoH to cover the gap. Mr Campbell said from a Trust Board perspective it is left knowing it is £6.8m above its control total and as a Board it will not fulfil its financial responsibilities.

Mr Guckian said it is important that the Trust keeps the DoH informed of its financial position and confirmed that the Trust has been doing this.

Dr McIlroy raised concern in respect of the financial gap. He said that while he accepted the Trust is in discussion with the DoH in this regard there was nothing to suggest the DoH would provide cover and this would add to the Trust's deficit at year end. Dr McIlroy said there would be implications for Executive and Non-Executive Directors in being part of a Board that has qualified accounts and would have implications for Non-Executives sitting on other Boards.

Mr Guckian assured members that the Trust's deficit position is well documented and the DoH is kept fully apprised of pressures within the Trust. He said the HSC system is planning for the Western Trust's deficit position.

Mrs Laird asked if the Trust was asked to find the £6.8m gap what would be the Trust's top priorities for this.

Mr Guckian advised members that the Trust does not have permission to implement high impact savings measures without approval from the DoH. He said if the Trust is instructed to find the £6.8m the Trust would have to discuss and agree how it does with the DoH.

Mr Campbell suggested that the Trust Board write to the DoH highlighting the Trust's financial position. Mr Guckian assured members that the DoH is very aware of the Trust's financial position and suggested that the Chair and Chief Executive raise the current position at their mid-year accountability meeting with the Permanent Secretary. Mr Guckian said he would also speak to the Deputy Permanent

Secretary. Mr Campbell said that he felt the gap was largely due to the Trust having to find an extra £11m.

Dr O'Mullan said she would support the Trust Board in writing to the DoH expressing its concern.

Dr Kilgallen asked members to let the discussion at the mid-year accountability meeting take place first and the Board could decide on future action following that.

Mrs Laird asked that members are advised as soon after the mid-year accountability meeting as possible with regard to the Trust's financial position.

1/20/15

MINUTES OF MEETING OF FINANCE & PERFORMANCE COMMITTEE – 3 DECEMBER 2019 -

Mr Hegarty referred to the minutes of a Committee meeting held on 3 December for noting and said a meeting had taken place this week also.

1/20/16

ENDOWMENTS & GIFTS TERMS OF REFERENCE

Dr McPeake referred members to revised Terms of Reference for the Endowments and Gifts Committee which had been amended with regard to the role and responsibilities of the Committee.

The Terms of Reference were proposed by Mrs Laird, seconded by Mr Hegarty and carried by the Board.

1/20/17

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end November 2019. She said her presentation would focus on 4 areas:-

- Impact of industrial action;
- Performance in respect of Cancer targets;
- Elective outturn; and
- Unscheduled Care

Industrial Action

Mrs Molloy advised that on 25 November the Trust formally stood up its Business Continuity management arrangements, including Director/CMT team to link with regional Health "Silver" control to plan for the pending industrial action and identify

precautionary actions during this period of service disruption. She said there were also 2 local management teams - referred to as “Bronze” Control - established, which were co-located with trades unions representatives on site, and whose purpose was to identify, manage and escalate risks across all Trust services and minimise disruption to patients and clients.

Mrs Molloy advised that multiple unions took strike action on 18 December 2019, and this was judged to be a day when risks to patients needed to be minimised by down-turning or cancelling a whole range of Trust services across hospitals and community. Strike action had continued into January, and other notifications of potential strike action have been received. It was also noted that ongoing action “short of strike” is also taking place across unions and staff groups.

Mrs Molloy shared information on the impact of strike action on 18 December. Mrs Molloy added that there was also precautionary actions taken to not book patients due to risk of cancellation.

Dr O’Mullan referred to a radio interview that morning and to the reasons for the strike action being 2 fold – pay parity and safe staffing levels and said she was concerned that the inference was that there are not safe staffing levels within the Trust. She asked for confirmation of the position within the Trust.

Dr Brown explained that the roll out of “normative” nursing is an ongoing process, not yet implemented across all wards or community services, and he gave an assurance that there are safe staffing levels in all wards. Mrs McKay advised that lead nurses have the responsibility to make an assessment of staffing levels, and if there is insufficient staff to cover the ward there is an exceptional process where access to beds for new patients can be withheld, “closing” the bed to admissions. Staff also are moved into the ward from other areas to provide support. Mrs McKay also provided an assurance that wards do not operate below a safe staffing level. The Chair thanked Dr Brown and Mrs McKay for their assurances and recognised that while there are safe staffing levels, wards are under pressure.

Recognising that there is no indication of when the industrial action will stop, Mrs Woods asked what were the risks in respect of Looked After Children and facilitating contact between children and parents. Ms Mahon assured that where contact or LAC reviews are impacted upon it is recorded on the child’s records and rescheduled as quickly as possible.

Mrs Molloy said that sharing this information is to give members a sense of how the Trust is managing services during this period. Dr McIlroy thanked Mrs Molloy for this information and said that it reinforced the efforts by management to manage the situation and highlighted the potential of adverse consequences of the industrial action and the importance of the earliest possible resolution of the industrial action by the Department of Health.

Cancer Services

Mrs Molloy referred to performance against the cancer access standards. She said the Trust's performance against the 14 day standard remained at 100% with 273 patients seen during November. In relation to the 31 day standard, the Trust's performance had been 99% in November with 1 patient who breached the standard.

In relation to the 62 day standard, the Trust's performance in November had been 68%. Mrs Molloy said that during November there were 52.5 patients who had received their first definitive treatment within the 62 day standard however there were 17 breaches which equated to 22 patients. It was noted that 7 of the patients who breaches the standard were for TP biopsy, and this indicated improvement in this service, as the backlog of patients waiting has been addressed by the Service.

Elective Outturn

In moving to inpatient/day case performance, members were advised that for IPDC core elective, the Trust's performance for April – November 2019 was -9% and in respect of new outpatients the Trust's performance for the same period was -15%. Mrs Molloy said this was broadly on track with predicted performance levels.

Unscheduled Care

Mrs Molloy advised that for the period April – November 2019 the Trust's performance against the 4 hour access standard to unscheduled care was 66% which was significantly below the predicted position of 76%. She said performance at Altnagelvin was 59% against a predicted 72%, and South West Acute Hospital achieved 63% against a predicted 72%. For the month of November, the Trust's 4 hour position for both hospitals remain significantly below the predicted position, and the position in the prior year.

Mrs Molloy advised that the area of greatest concern continued to be the growth in patients breaching 12 hours and those waiting for long periods to be admitted from ED into an inpatient ward. She advised that in November Altnagelvin had 576 people wait longer than 12 hours, and in the South West Acute Hospital there were 289. Mrs Molloy also highlighted that the majority of those waiting over 12 hours were aged over 65 years.

Given these pressures and the deterioration in access performance, Ms Molloy said at the Delivering Value Management Board meeting on 31 October it was agreed that an Unscheduled Care Programme of Work will be added to the Delivering Value Programme, focussing on improving Unscheduled Care Flow across both hospital sites. This will apply a project management approach to improve the performance identifying clear deliverables which would include strengthened escalation measures, maximising patient flow, admission avoidance and creating additional capacity where possible.

Mrs Molloy confirmed that one of the greatest challenges in managing Flow in both hospitals in recent months had been the growth in patients who are complex, and

are delayed in their discharge process for some reason, this would form part of the new Programme of Work.

Discussion followed Mrs Molloy's presentation. Mrs Laird asked for more information on cancelled appointments by Consultants. Mr Campbell referred to DNAs and said it is important that these are minimised as much as possible, and Mrs Molloy agreed that this represented lost capacity in a system which is already stretched and is prevalent in some specialties.

Mrs Molloy assured members that both cancelled appointments and DNAs will be part of the new Programme of Work.

Dr McPeake thanked Mrs Molloy for her informative presentation and asked if it would be possible to have the presentation in advance of the meeting. Mrs Molloy agreed that she would make her presentation available but that it would not be ready for distribution with other Board papers.

Finishing her presentation Mrs Molloy said at last month's Trust Board meeting there was a request to provide detailed information on the waiting times of red flag and urgent patients, as the longest wait on the Trust Board report is customarily routine patients, and that this has been provided to members.

1/20/18

MINUTES OF MEETING OF PEOPLE COMMITTEE HELD ON 12 NOVEMBER 2019

Dr O'Mullan referred members of the minutes of a People Committee meeting held on 12 November for information.

Dr O'Mullan highlighted that the Trust's Staff Recognition Awards will take place on Friday, 13 March 2020 in Enniskillen.

Dr O'Mullan advised that the Committee had a very full briefing on HR issues including absence, mandatory training and appraisal and had received a staff story from Mr Gibson, Head of Operations and Maintenance and Mr McElwee, Electrician.

Mrs Laird referred to the cost of absenteeism and said that she would like the cost reported. She said that if the cost of absenteeism is normally £1.5m per % of absence would the Trust not consider reducing its rate by at least 1%.

Mrs McConnell assured members that the Trust is focussed on reducing its levels of absenteeism and that the Trust benchmarks itself to other organisations. She said the Trust is on target to have reduced its rate on last year but that to reduce by 1% in a year is a very significant challenge.

Dr Kilgallen assured that the application of the Attendance at Work Policy has seen very significant results.

Mr Guckian advised that the rate of absence is part of the Chief Executive Assurance meeting in respect of grip and control.

Mrs Laird asked that the % absence rate for each Directorate to be given as a cost.

Mrs McConnell referred to the publication of a “Yellow Pages” which is developed on a monthly basis for Directorates which provides absence information. She said that she would share this with the People Committee for its information.

Dr McDonnell referred to absence trends across the medical profession and said the GMC is advising that 12% of doctors are off work due to stress. She said the GMC is working to reduce this figure.

Mrs Woods referred to the improvement in the Trust’s absence rate given the level of violence staff are exposed to.

Dr McIlroy referred to the work of the QICR Team and its positive impact in reducing long term absenteeism. He said that some of the learning from this work is that to make a long term impact the work environment needs to be changed.

Dr O’Mullan said there are areas of excellent practice across the Trust.

1/20/19

12.45 PM - IMPROVEMENT STORY – ADULT MENTAL HEALTH & DISABILITY SERVICES

The Chair welcomed Mr Lee McAllister, service user within the Physical Disability Sub-Directorate, and his Social Worker, Elaine Kelly to the Board meeting.

Mr McAllister shared with members the reason he was referred to the physical disability team and how his personal budget is used and why and how this has helped him.

Mr McAllister also spoke of how through Ms Kelly’s visit they discussed the unmet need in Limavady for a young person’s social group and how they took forward together with the support of the community access worker to establish a group.

Concluding, Mr McAllister shared with members his involvement in the Trust’s Dragons Den competition securing funding for a day to “Celebrate International Day of Persons with Disabilities” which was a celebratory event which incorporated service users, and acknowledged the contribution and value of carers and the voluntary agencies that support people with physical disabilities in their daily lives. Ms Kelly said that Mr McAllister was an excellent example of co-production.

Members encouraged Mr McAllister to share any issues with regard to his care. He advised that there are issues with regard to flexibility of care during the weekends and the turnover of staff means a lack of continuity.

The Chair referred to staff turnover and Mr McAllister suggested to members that carers should be block paid so that they are guaranteed the same pay at the end of each the month. He said for private care agencies the Trust should make this part of the contract.

Ms Mahon referred to flexibility of care and asked if Mr McAllister had any ideas how the Trust could manage this. Mr McAllister suggested that carers should be given more hours per day and this would reduce the number of carers.

Following discussion Mr McAllister was thanked for attending Trust Board.

1/20/20

ANY OTHER BUSINESS

There were no further items of business.

1/20/21

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 5 March 2020 at 11 am in the Boardroom, Omagh Hospital and Primary Care Complex, Omagh.

**Mr S Pollock
Chair
5 March 2020**