

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 10 September 2020 at 10.00 am

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
Rev J McGaffin, Non-Executive Director
Prof H McKenna, 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, Executive Director of Social Work/Director of
Women and 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
Mr A Moore, Director of Strategic Capital Development
Mrs A McConnell, Director of Human Resources

IN ATTENDANCE

Mr P Quigley, Assistant Director of Finance
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

9/20/1

CONFIDENTIAL ITEMS

9/20/2

APOLOGIES

Apologies were received from Dr McPeake, Non-Executive Director and Mr Guckian, Director of Finance.

The Chairman welcomed Mr Quigley, Assistant Director of Finance to the meeting, who was representing Mr Guckian.

9/20/3

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

9/20/4

CHAIR'S BUSINESS

The Chairman welcomed everyone to the September Board meeting. He also welcomed Mr Archdale, Chair, Camphill Community Clanabogan, Mr G Hargan, Derry News and Cllr O'Cofaigh, Cross-community Labour, Enniskillen.

- The Chairman advised that this was Organ Donation Week and the Trust was promoting organ donation. He said there is a real shortage of organ donations and approximately 140 people in Northern Ireland and approximately 6,000 people in the United Kingdom are waiting for life-saving transplants. However, tragically, every year approximately 14 people in Northern Ireland die waiting for an organ transplant.

During this week the Chair advised that the Trust is focussed on encouraging more people to sign up to become an organ donor and importantly to have a conversation with those closest to them about organ donation.

He said the Western Trust will continue to promote organ donation in partnership with civic partners, District Councils, Colleges, Universities and businesses. While the number of people who have registered as potential donors is very encouraging, there is still a lot of work to do.

- Under Section 75 of the Northern Ireland Act, the Chair advised that the Trust has a legal duty to promote good relations between persons of different racial group, religious belief and political opinion.

The Equality Commission for Northern Ireland (ECNI) also recommends that each organisation should develop a Good Relations Strategy in order to provide a clear and workable framework that formalises its commitment to the promotion of good relations.

Human Resources and Equality Staff from the Trust's Health Improvement Equality and Involvement Department established a Good Relations Steering Group in 2019 with an aim to develop a Good Relations Mission Statement, Strategy and Action Plan for the Western Trust.

Building on the feedback from BAME Engagement Events held in June 2020 and to mark Good Relations week, the Trust Good Relations Steering Group has planned 2 engagement events to engage with staff on 16 and 17 September.

- Concluding the Chair reminded members of 2 forthcoming workshops in respect of review of governance and review of corporate risk register.

9/20/5

CHIEF EXECUTIVE'S REPORT

The Chair invited Dr Kilgallen to make her report to members. He thanked her and the Corporate Team for their leadership over the past few months and said he was conscious that the pressure with regard to Covid19 was again rising.

Dr Kilgallen referred members to her report and said as of yesterday there were no inpatients positive for Covid19 in the Trust's acute hospitals and to date there had been 140 admissions of people positive for Covid19 and sadly 30 deaths.

Dr Kilgallen advised that in response to events at Craigavon Hospital, the Trust had heightened awareness of the need for active management of risk across all settings and particularly in acute hospitals. Focus has been on the 3 main sources of risk – patients, staff and visitors. Dr Kilgallen said as of yesterday the Trust had moved to restrict visiting to its haematology ward to ensure we are agile and adaptable to emerging risk from visitors.

Dr Kilgallen said it was evident that the trend in COVID19 infection is upward in the community and the virus thrives on human contact and said the Trust was continuing to appeal to people to follow the advice - limit social contacts, wear face coverings where social distance is not achievable, wash hands and clean frequently touched surfaces regularly, and protect others from coughing. Any suspect symptoms stay at home.

Dr Kilgallen referred to the Trust Reset Plan and said the Trust is on track to achieve or exceed the goals set. She advised that in many areas the Trust had found that it had been able to undertake more assessments, treatments and contacts with patients and clients than it planned for this 3 month period. However, Dr Kilgallen noted that the Trust will continue to operate well below its usual capacity.

Dr Kilgallen advised that the Rebuild Management Board continues to meet weekly. One important work programme commenced by Minister is the establishment of the "No More Silos" (NMS) network to develop a range of proposals to better manage urgent care, with a particular focus on the immediate need to prepare for winter and a potential second wave of Covid19. Dr Kilgallen said this work would build on the Review of Urgent and Emergency Care and the successful operation of the Primary Care Covid Centres.

The Chair asked for an update on the regional Orthopaedic Network. Dr Kilgallen advised that Mrs McKay has been asked to Co-Chair the regional Orthopaedic Network with the Clinical Lead. She said the first meeting had taken place yesterday and that this work was of strategic importance to the whole population of Northern Ireland. Members gave Mrs McKay their full support of the Trust in this

important leadership role. Dr Kilgallen said this was an example of the Minister empowering the region to take action.

Dr Kilgallen said Trust Board would be briefed on the Trust's Flu Campaign later in the meeting. She said this was a huge priority for the Trust and that she could not understate how much effort had been put in to the planning of the campaign. Dr Kilgallen said she would expect to give members regular updates on progress once the campaign gets underway.

At the end of August members were advised that the Working Together-Delivering Value management board was re-convened. This programme was designed to address the Trust's recovery from financial deficit, with an approach which would build quality and service value. Dr Kilgallen said in this phase the Trust will be working together with a focus on the safety and quality of care, managing risk and improving effectiveness as well as efficiency of care. She added that work is required to describe the workstreams and this will come to Trust Board in due course.

Dr Kilgallen advised that work on Pathfinder had continued throughout the COVID pandemic. In July and August the Trust completed a review and update firstly with implementation groups, secondly with CMT and Assistant Directors and finally a series of meetings with Strategic Partners took place to ensure that we are on track to implement an agreed programme of work framed around the priorities that the implementation groups articulate. Mrs Molloy has agreed to be the Programme Lead and has begun to identify the necessary resources to sustain the implementation team.

Dr Kilgallen said she hoped to be able to move on the recruitment of an independent chair in the coming months. One unifying theme across all the work programmes is 'access' whether that is about how we help people navigate services, or improve health literacy or develop our workforce, Dr Kilgallen said she was hearing a shared ambition that Pathfinder can lead to more streamlined access to care for our population.

Dr Kilgallen said a Safety Quality West celebration event to mark the end of the QI training programme will take place virtually on 11 September. She said more than 70 staff participated and completed projects in their workplace which have impacted on quality of care and experience. Dr Kilgallen invited Non-Executive Directors to join the session and in particular highly recommend the session at 1pm to hear Maureen Bisognano, former President of the Institute for Healthcare Improvement, and an inspiring leader for improvement of world renown.

On September 15th, the Trust will hold a celebratory event for our Flow Coaching Academy which involved staff teams from across Northern Ireland and marks an outstanding achievement for our coaches who have cascaded their training across all 5 trusts in this second phase of the programme.

In closing, her remarks Dr Kilgallen said she was excited to report that 4 young people who were in the Trust's care had sought our support to undertake

postgraduate courses at Masters level. Having completed necessary assessments, the Trust would provide funding to them to assist. As Corporate Parents, she said the Board could be rightly proud of all our young people. Today we can take particular pride in counting these young role models in our extended Trust family.

9/20/6

MINUTES OF PREVIOUS MEETING – 6 AUGUST 2020

The Chair referred to the minutes of previous meeting held on 6 August 2020.

Mr Campbell referred to page 5, 8/20/8 Infection Prevention and Control, third paragraph. He proposed that the first 2 sentences should be amended to read:-

“Mr Campbell observed that there had been a hospital acquired infection of MRSA, the first in a number of years. He asked for more detail on the outbreak in Ward 8 in SWAH.”

Mrs Laird referred to page 7, 8/20/12 Governance Committee – Minutes of meeting held on 24 June 2020 and the penultimate paragraph. She proposed that the paragraph should read:-

“Mrs Laird welcomed Dr McPeake’s approach in terms of running order of the agenda. However Mrs Laird said the HR issues were identical to those of the People Committee and discussion should take place to identify potential overlaps between Committees.”

Prof McKenna referred to page 8, 8/20/15 Presentation from Louise Dubras, University of Ulster. It was noted that the title of the presentation should read ***“Graduate Entry Medical School.”***

Subject to these changes the minutes of the previous meeting were proposed by Prof McKenna, seconded by Mr Hegarty and carried by the Board.

9/20/7

MATTERS ARISING

There were no matters arising.

9/20/8

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr McDonnell referred members to the Trust’s Corporate Risk Register within members’ paper. She said there were 28 risks as agreed at Trust Board on 6 August 2020.

Dr McDonnell shared with members a proposal to revise title and description of risk ID235 and referred to an update on risk ID1213.

Dr McDonnell referred to the Trust Board workshop scheduled for 21 October where members will have the opportunity to review the corporate risk register, strategic priorities, risk appetite and discuss and agree the closure of actions from the 2019 workshop.

Mr Campbell referred to discussion at the last Board meeting where it was agreed that further amendments to the corporate risk register would be deferred to the Board workshop. He said within Dr McDonnell's paper it noted that recommendations shared at August Board meeting had been approved.

Dr McDonnell agreed with Mr Campbell's recollection and said the updates had been made in error. She said she would revise the corporate risk register, the summary report and briefing note and reissue to members. She said the decision to de-escalate both risk ID73 and risk ID535 would be deferred to the Trust Board workshop in October 2020. Dr McDonnell clarified that the risk register would therefore have 29 risks.

9/20/9

INFECTION PREVENTION AND CONTROL UPDATE

Dr McDonnell referred members to the brief within papers. She said the Infection Prevention & Control Team continued to be significantly involved with the management of any suspected or confirmed cases of COVID-19, the continued development of COVID-19 pathways and processes, in addition to the resetting of services across the Western Trust. She said the Team also continued to support the Independent Sector care homes in the event of any declared outbreaks and as a result of the increased demands, the Team had faced challenges in attending to other routine work.

Dr McDonnell said the IPC Team had been involved in managing a *Pseudomonas aeruginosa* colonisation of the water supply in South Wing, Altnagelvin Hospital. She said this was identified through normal routine water testing. She assured members that the regular Trust Water Safety Group meetings continued and all necessary water safety measures were in place as per the Trust's Water Safety Plan. She said the potential source of contamination had been identified and remedial works to the water system were now complete. Dr McDonnell continued to advise that the IPC independent assurance audits regarding adherence to IPC practice in augmented care areas had indicated high compliance.

Dr McDonnell referred members to data on the number of Covid19 cases. She said that from March to September there had been a total of 145 Covid19 cases within the Western Trust and she referred members to data of where these cases were located.

Dr McDonnell advised that the new MRSA bacteraemia reduction target for 2020/21 had not yet been issued. She said since the beginning of April 2020 there had been 3 cases reported with 1 being categorised as healthcare-associated. She said IPC was working with the ward which had the further MRSA case.

Dr McDonnell continued by refer to *C. difficile* performance. She said from the beginning of April 2020, 29 cases had been reported with 18 being categorised as community associated. She explained that from 24 July there had been 9 new cases and post infection reviews were required for 5 of the cases. She said antimicrobial management was being reviewed in one of the cases.

Dr McDonnell referred members to surgical site infection surveillance data in respect of caesarean section, orthopaedic surgery and critical care device- associated.

Concluding her report Dr McDonnell updated members on IPC mandatory training and e-learning.

Prof McKenna referred to Waterside Hospital and noted that it did not have any patients with MRSA or *C. difficile*. It was noted that this was partly due to the size of the hospital and relatively low turnover of patients.

9/20/10

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE – UPDATE

Mrs Laird referred to a briefing note within papers.

She reminded members that the Committee's Terms of Reference were approved in March and said the inaugural meeting of the Committee was deferred due to Covid pressures. However she advised that the Committee had progressed early work which supported the foundation of the Committee and was shaping its work plan. She said membership of the Committee was confirmed and the first meeting of the Committee would take place on 15 September.

Members were advised that a series of workshops were facilitated over the summer in preparation for the first Committee meeting. She said the purpose of the workshops was to examine approaches to involvement locally and at a regional level, to take stock of the range of involvement and experience work already in place across the Trust and to inform the development of the Committee work plan. She said involvement/experience work in place was captured across 4 main pillars of transformation, delivering value, Pathfinder and rebuild of HSC services after the 1st wave of COVID-19.

Mrs Laird expressed her deep gratitude to everyone who gave of their time and expertise during these workshops. Mrs Laird said at one of the planning workshops, Committee members were joined by Mr Martin Quinn, Head of Personal and Public Involvement PHA who reflected on regional experience and provided guidance and advice to the Committee. He remarked the high quality involvement work already taking place across the Trust.

Mrs Laird advised that the Committee had also undertaken significant work in the development and drafting of a local Integrated Involvement Strategy, recognising there is a desire to work collectively across the region on these matters. The Committee hopes to have this further developed and undertake a consultative process in the coming few months.

She said the Committee's work plan will come in draft to the ItI meeting on 15 September, and that the Trust Board will be briefed on it in due course.

Mrs Laird acknowledged Prof McKenna's membership on the Committee and thanked Mrs Molloy and Dr Brown for their support in developing the ITI agenda.

The Chair acknowledged the significant work completed over the last few months and said the continued improvement had been immense with a solid foundation to build on.

Prof McKenna said it was a very busy and informative Committee and commended Mrs Laird for her comprehensive overview and acknowledged the significant co-production activity across the Trust. He said the Committee was in these early stages would be focussing on processes and the need to get more outcomes which will come in due course. He said the Western Trust had the opportunity to do something very special which could lead the way across Northern Ireland.

9/20/11

WESTERN TRUST FLU PLAN 2020/21

The Chair referred to the Trust's Flu Plan and affirmed its critical importance for the Trust. He asked those members of the media present to use their resources to encourage staff to avail of the vaccination programme.

Mrs McConnell advised that the Department of Health has set a target that 75% of front line health and social care workers will avail of the vaccine. She said in 2019 the Trust achieved 29% uptake of the vaccine, with particularly low uptake amongst nursing and social care staff groups. Mrs McConnell said in the context of the COVID pandemic, the flu vaccine was critical to safeguarding staff, patients and services during the winter period. She added that the Flu Plan outlined the steps the Trust will take to maximise uptake of the vaccine to achieve the 75% target.

Mrs McConnell said the Trust has reviewed previous campaigns to identify what had worked well and what could be further developed. She said best practice and innovation from other organisations had also been considered and had been implemented in this year's programme. Mrs McConnell said senior leadership and accountability was key to the success of the Campaign and this year the Trust had introduced a Flu Co-Ordinator role who would lead all aspects of the Flu Campaign and ensure delivery of a co-ordinated and responsive flu programme.

Mrs McConnell said this year the Trust was continuing with the Peer Vaccinator model. She said the aim of the model is to have one in every facility who will be able to vaccinate staff at their base. She said to date 181 peer vaccinators have been identified and a comprehensive training programme has been scheduled for week commencing 21 September. In addition Mrs McConnell said that each team across the Trust would have an identified Flu Champion who will aim to serve as ambassador for the vaccination, monitor uptake across teams and raise profile of the programme.

Mrs McConnell said it was very important that senior leadership of the Flu campaign is visible across the Trust. She said she was the nominated Board lead and Senior Directorate leads had been identified with local structures established. She added that the Flu Steering Group was in place with senior leads from all Directorates and trades unions. She also advised that there will be robust monitoring of update. Mrs McConnell said the Trust was working in partnership with trades unions, Northern Ireland Ambulance Service, Independent Sector Providers and community Pharmacies and GPs.

Mrs McConnell advised that adequate resources have been allocated to the Campaign. She said drop-in clinics have been confirmed across the hospital sites along with mobile clinics across the Trust's geography.

Members were advised that a comprehensive and up-to-date data collection mechanism has been put in place. There will be daily monitoring for the first 4 weeks with weekly updates to Trust Board and Chief Executive Accountability. Mrs McConnell said monitoring data will inform the roll out of the Plan and targeted approaches.

Mrs McConnell said the Trust had embarked on a multi-faceted Communications Plan which was launched on 7 September. She said there was a mix of messages and the Trust would be working closely with the Health Promotion Department.

Mrs McConnell commended the plan to members.

9/20/12

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to her report which provided a comprehensive overview of the Trust's Stage 2 Rebuild Plan. She advised that this information had been shared at an earlier meeting of the Finance and Performance Committee.

Mrs Molloy shared key messages and rebuild actions taken to date across a range of areas across hospital and community services.

Mr Campbell referred to the very long waiting lists and the number of patients waiting over 52 weeks. He acknowledged that this was an enormous task across Northern Ireland that that it would take a regional approach to resolve.

Mrs Molloy advised that the scale of the difficulty in Northern Ireland has been recognised by the Health Minister and said the challenge will be that Trusts will have to think and act radically to meet the challenge. She said the work that the Director of Acute Services will co-chair in respect of the orthopaedic network was an excellent example of the Rebuild Management Board recognising the region needs to work together to establish pathways to get through waiting lists as quickly as possible. Mrs Molloy said before Covid the Health and Social Care Board was working on an elective plan for Northern Ireland but this work had been paused.

The Chair referred to Mr Campbell's comments and said they echoed the general concern of the Board. He said the scale of the waiting lists was enormous and that it was important not to lose sight that these are real people, waiting years for their surgery.

Mrs Laird referred to endoscopy red flags which had exceed 21 days and asked if lists scheduled at 50% capacity was sufficient to address the increase in the waiting list. Mrs Molloy said the HSCB had made available funding for waiting list initiative which would enable additional scopes to be undertaken in-house and a plan was being finalised for additional activity in the independent sector. Mrs Molloy said this would see a huge impact on waiting lists.

Mrs McKay advised that she interviewed for a Consultant Gastroenterologist and that this postholder would increase the Trust's capacity in respect of endoscopy and cancer pathway.

Rev McGaffin asked if there would be more WLI money this year. Mrs Molloy advised that to date the WLI funding would be focussed on diagnostics and that there was no further clarity on other WLI funding.

9/20/13

MINUTES OF PEOPLE COMMITTEE MEETING HELD ON 11 AUGUST 2020

Dr O'Mullan referred members to the minutes of a meeting of the People Committee held on 11 August. She took members through the detail of the minutes highlighting a number of key issues.

Dr O'Mullan referred to the Covid19 absence analysis shared with the Committee and highlighted a significant increase in absence and associated costs. Mrs Laird said it was important that the Trust track the Covid19 related absence figures and identify cost and highlight trends.

Dr O'Mullan referred to mandatory training and appraisal. She said that in relation to appraisal it had commenced later this year due to Covid19 therefore figures were not as anticipated. She advised that the GMC had stood down their appraisal arrangements for doctors. Dr O'Mullan said the Committee heard a number of key issues for managers in managing the appraisal process and said HR is developing solutions to support managers in this.

Dr O'Mullan referred to job planning and said that progress had not been as anticipated despite the effort invested to make it happen.

Mrs Laird referred to appraisal and said if staff did not find it a positive and beneficial experience the Trust would not get the increase in numbers that is required. She said that she would like to see this progressed as part of the Trust's Organisational Development strategy as a good appraisal system would lead to organisational and personal growth.

The Chair sought an update on international recruitment. He was advised that the level of international recruitment had not been adversely impacted upon. Mrs McConnell said the big successes to date have been within Radiology and Oncology. She added that the Trust has its full complement of radiologists and has been able to help across the region. In respect of Care of the Elderly the Trust has made 2 job offers and these doctors are expected to take up post shortly. Mrs McConnell said the Trust continues to have recruitment challenges in surgery, respiratory and psychiatry.

Prof McKenna thanked Dr O'Mullan for the informative minute. He referred to the financial performance report and spend on agency costs and said he would expect a read across in that there should be a reduction in agency spend. Dr O'Mullan said there had been discussion at the Committee about cost and the impact is on staffing profiles. She said from a locum point of view there has been an initial deep dive to look at the Trust's reliance on locums.

Mrs McConnell said there is a regional group that looks at agency staffing and the Trust has under its delivering value programme a workstream that looks specifically at agency usage/spend.

Mr Campbell suggested that the Trust should look at spend on nursing agency. He said this was running at £3.5m however the Trust should be able to source all of its nurses in Northern Ireland given the local training programme.

Mrs McConnell clarified that there is not sufficient nurses in Northern Ireland currently but this year there have been additional training places commissioned. She said at this time of the year there is a gap in nurse supply between May when nurses qualify and when they come on to the NMC register in late September/October and are available for work.

Dr O'Mullan said the Committee would look at this in more detail at its November meeting.

9/20/14

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING JULY 2020

Mr Quigley presented to members the Trust's financial performance report for the month ending July 2020 and said the Trust had previously reported an expected

deficit of £34.5m for 2020/21. He said the Trust had been working to reduce this figure towards £30m and remained on track for this based on the results at month 4.

Mr Quigley advised that the deficit of £30m would be covered through a Control Total, and the normal non-recurring income received during each year and said over the next 2-3 months this should be resolved.

Mr Quigley said the Finance Report continued to assume that all Covid19 costs are funded. The Trust has submitted significant business cases to cover these.

To summarise, Mr Quigley said month 4 was a continuation of the position previously reported and the Trust would continue to liaise closely with the DoH and HSCB to address both the deficit and Covid19 costs.

Members were referred to table 4 which highlighted the Trust's continued reliance on agency/bank and overtime.

Mr Quigley advised that run rates have been developed for each Directorate for month 4 and these showed that in all cases Directorates were ahead of expected levels. He said run rates this year reconciled back to the Financial Plan as outlined in Table 1 & 2 in the Finance Report and that this would provide a much simpler position each month in that a reduction in run rates would link to a reduced deficit and vice versa.

Mr Quigley said the Trust had achieved 94% of invoices paid within 30 days which was very close to the target of 95%.

Mr Quigley concluded his report by advising that the Trust would continue to lobby for clarity on its Control Total and further income. He asked Directorates to continue to focus on Grip & Control with expenditure run rates and to ensure Recovery Plan Projects are robustly re-invigorated to produce savings by 2021/22.

Mr Campbell thanked Mr Quigley for his informative report. He said at month 6 he would have liked to have more clarity from the DoH on the Trust's control total.

Mr Quigley assured members that the Trust meets frequently with the DoH and HSCB. Mr Hegarty said that the Director of Finance shares a high level of confidence that the Trust's control total for 2020/21 will be achievable.

9/20/15

TRUST ANNUAL ACCOUNTS AND ANNUAL REPORT 2019/20

Mr Quigley advised members that the Trust is required to present its Annual Report and Accounts at a public meeting by 30 September 2020.

He said the attached Annual Report and Accounts had been externally audited by the Northern Ireland Audit Office, reviewed by Audit Committee and previously

approved by Trust Board as required by DoH circulars. The Report and Accounts have been laid in the Assembly.

Mr Quigley said the Accounts showed that the Trust lived within its Control Total of £21.7m (£21.6m achieved) and lived within its Capital Resource limit.

Mr Quigley commended all Directorates for this result together with the excellent progress in the first year of the Recovery Plan and said this had created a strong foundation for the future.

The Annual Report and Accounts for 2019/20 were proposed by Mr Hegarty, seconded by Mr Campbell and approved by the Board.

9/20/16

MINUTES OF FINANCE & PERFORMANCE COMMITTEE MEETING HELD ON 4 AUGUST 2020

Mr Hegarty referred members to the minutes of a meeting of the Finance and Performance Committee held on 4 August. He said the minutes provided reassurance to members and gave a sense of the depth of discussion at the Committee.

Mr Hegarty said the impact of Covid19 on finance and performance had been enormous. He expressed concern on the length of waiting lists and said he looked forward to the vision of how these will be managed going forward.

Mr Hegarty said the HSCB had established monitoring arrangements on the Stage 2 Rebuild Plan and these would be presented to the Finance and Performance Committee. He said the key areas he would like covered are waiting lists, rebuild monitoring, performance against 62 day target and key critical issues. He added that it is important to report from the aspect of the patients and clients that use the Trust's services and what it means for the journey they are on.

Mr Hegarty noted that regional decisions will be made within the Rebuild Management Board which will have an impact on the Trust's services and that the Team is putting in place arrangements to re-establish the Delivering Value Management Board and to reintroduce health checks.

Mr Hegarty noted that the Meridian project had been stood down during Covid but had been recently restarted. Outputs from the project will be fed into the Trust's Elective Monitoring Group.

Mr Hegarty noted that there had been an increase in outpatient referrals during June 2020 and the total outpatient waiting list had grown by 1,061 patients when compared to March 2020. Mr Hegarty advised by the end of June the overall number of patients on the inpatient/day case waiting list had increased by 658 patients and the number waiting greater than 13 weeks increased to 3,877.

Prof McKenna thanked Mr Hegarty for his informative report. He asked when the Trust would receive clarity on funding for Covid costs. Mr Hegarty advised that the Trust has been in discussion with the DoH in this regard and the Director of Finance would reinforce a level of optimism in the quality of the Trust's business cases submitted and that they will be supported in full.

9/20/17

USE OF TRUST SEAL 2019/20

The Chairman advised members that he is required to report on the use of the Trust's seal. He advised that during the year Trust's seal was used on 35 occasions.

9/20/18

ANY OTHER BUSINESS

The Chair concluded the meeting by reinforcing the Board's support for Minister Swann and his leadership at this time.

On behalf of his Non-Executive Directors he acknowledged the work of the Chief Executive and all the Corporate Team at this unprecedented time. He said the increase in Covid19 in the last few weeks was alarming.

He thanked those members of the public present for attending the meeting and asked that all questions be directed to Mr Kelly.

9/20/19

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 1 October 2020 at 10 am.

**Mr S Pollock
Chair
1 October 2020**