

WESTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 6 March 2008 at 2.15 pm in The Enterprise Centre, Omagh

PRESENT

Mr G Guckian, Chairman
Mrs E Way, Chief Executive

Mrs S Cummings, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Mrs S O’Kane, Non-Executive Director

Mr N Birthistle, Non-Executive Director
Mr C Mulgrew, Non-Executive Director
Mr B McCarthy, Non-Executive Director

Mr J Lusby, Deputy Chief Executive/Director of Planning &
Performance Management
Mrs M Kelly, Director of Acute Services
Mr A Finn, Director of Primary Care & Older People
Dr A Kilgallen, Medical Director
Mr J Doherty, Director of Women & Children’s Services
Mr T Millar, Director of Adult Mental Health & Disability
Services
Mrs L Mitchell, Director of Finance, ICT & Contracting
Ms N Sheerin, Director of Human Resources

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs C O’Kane, Office Manager (A)
Mrs Fiona Hughes (agenda items 3/08/10 and 3/08/11 only)
Ms Marian Martin (agenda items 3/08/10 and 3/08/11 only)
Ms Angela Thompson (agenda items 3/08/10 and 3/08/11 only)
Miss Frances McReynolds, Programme Director, SCEP

3/08/1

CHAIRMAN’S BUSINESS

The Chairman referred to his report of Chairman’s Business since the previous meeting.

Update on Ministerial Statement

Ø The Chairman advised that the Minister announced his new Regional Public Health Proposals on 18 February 2008 as part of the RPA proposals. He said that the key elements within the Minister’s proposals to transform our ability to address the major public health challenges facing us in Northern Ireland were:

- ◆ Public health at the centre of policy and strategy at Ministerial and Departmental level and across Government through the Ministerial Group on Public Health;
- ◆ Better coordination and delivery of public health service on the ground through a new Regional Public Health Agency;
- ◆ A stronger role for local government in shaping health improvement programmes and in tackling the underlying causes of ill health;
- ◆ Robust arrangements to provide public health support to the Regional Health and Social Care Board and its Local Commissioning Groups in developing their commissioning plans;
- ◆ A continued role for Health and Social Care Trusts in developing and delivering health improvement and health protection programmes to meet key priorities.

The Chairman stated that consultation closes on 18 May 2008 and the Trust will be developing a response.

Financial Position

- Ø The Chairman informed members that they would hear later in the meeting from Mrs Mitchell that the Trust will break even at the end of this financial year. He highlighted that a lot of work had been undertaken in-year to make this happen and that the Comprehensive Spending Review requires the Trust to deliver £37m savings over the next three years.
- Ø The Chairman advised that the Director of Finance would also detail later the significant underlying financial pressures. He said that when this is taking up so much of the Trust's time and energy it might be easy to get the perception that finance is what the Trust is all about. The Chairman underlined that this is not the case and stated that quality services are and must remain at the top of the Trust's agenda. He highlighted that quality & safety is placed as a standing item on the Trust Board agenda and that it was no accident that it was at the top of the agenda. The Chairman said he would like to reassure the public, patients and clients and also Trust staff that the Trust Board's commitment to quality of care is absolute.

NI Healthcare Awards

- Ø Talking about quality of care and service the Chairman stated that he was delighted to report to Trust Board on the NI Healthcare Awards that took place on 28 February 2008.

He advised that Dr Kilgallen and Mrs Kelly had represented the Trust at the 2007 Healthcare Awards which took place in Belfast. The Chairman pointed out that Western Trust winners included:

- ◆ Dr Frances Robinson, Consultant Anaesthetist/Palliative Care, Tyrone County Hospital – won the award for Consultant of the Year.
- ◆ Liz Caithness, Osteoporosis Nurse and Team, Erne Hospital – won the award for the Osteoporosis Project.
- ◆ Aoife McCullagh and Joyce Thompson, Fermanagh Active Living Project – won the award for Health for Life.

The Chairman stated that this was a huge achievement for all the staff involved and asked that Trust Board congratulations be passed on to everyone involved.

The Chairman advised that other nominations included:-

- ◆ Dr Rose Sharkey, Ann Box, Ann Kennedy and Catherine Farren, Altnagelvin COPD Team – Respiratory COPD Project of the Year.
- ◆ Dr Frances Robinson and Dr Shane McCarney, Tyrone County Hospital - Pain Management Award.
- ◆ Dr A Hussein & Primary Care Liaison Team, Gransha Hospital – Management of Depression and Anxiety Award.
- ◆ Aoife McCullagh & Joyce Thompson, Fermanagh Active Living Project – Cardiology Project.

The Chairman said he was sure Trust Board members would all join with him in offering all nominees many congratulations.

Provider Development Programme

- Ø Recognising staff that are striving for high quality service and self improvement for the benefit of patients and clients, the Chairman stated that it was important that the Board operated at the leading edge of its effectiveness. To that end he said he was pleased to advise that the Provider Development Programme is about to commence and that Mrs Way and himself are to meet with the other Chief Executives and Chairs on 3 April 2008. He said believed this would be of significant benefit to the Trust as a Board and as an organisation.

South West Hospital

- Ø The Chairman reminded members that the competitive dialogue phase had closed and bids have been received from all three bidders in relation to the new hospital to the north of Enniskillen. He stated that these bids are currently in the process of being evaluated and Trust Board will in May 2008 be in a position to make a recommendation on the preferred bidder. In order to meet the timescale the Chairman proposed that a special Board meeting be held on either 28/29 May 2008 to discuss this single issue and that this meeting would be “Commercial in Confidence”.

RQIA Visit

- Ø The Chairman advised that this visit would take place on the week commencing 8 April 2008 and that RQIA would be looking at three aspects of the Trust’s work. These being:
 - ◆ Accessible, flexible and responsive services;
 - ◆ Promoting, protecting and improving Health and Social Wellbeing;
 - ◆ Effective communication and information.

The Chairman pointed out that on the first day of its visit both he and Sally O’Kane as Chair of Clinical and Social Care Governance Committee would be present.

Infection Control

- Ø The Chairman remarked that there are a number of items on the agenda relating to infection control. He briefed members that since the last Trust Board meeting the Chief

Executive attended the Health Committee to give evidence in relation to the Trust's position on C Difficile. The Chairman informed members that Mrs Way confirmed that there has not been an outbreak of C Difficile in the Western Trust and he said that Trust Board would discuss this in more detail later in the meeting. The Chairman advised that the Minister has announced that he has asked RQIA to review infection control in the five Trusts and its work has started.

3/08/2

CHIEF EXECUTIVE'S UPDATE

Mrs Way stated that she would not be providing an update on this occasion.

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At this point in the meeting the Chairman suspended Standing Orders to facilitate those individuals who had been granted speaking rights.

Councillor Ross Hussey was the only person to address the Board.

Councillor Hussey asked Trust Board members how long it took them to get to Omagh for the meeting and asked them to consider how long it would take to travel to and from Omagh in an ambulance on the poor road network. He again asked if the specific areas outlined by the Minister was the Trust's way ahead and said that he was still awaiting an answer.

Councillor Hussey stated that this matter has been debated at length and that people do not care who has to make the decision but want someone to give them an answer and say that yes, people will get the services outlined in the Minister's Statement and that of the 12 point plan submitted to the Minister, or no they will not get this. He said that people want clarity and suggested that if the Minister cannot make the decision, he should stand down.

With regard to Paediatric Tonsillectomies Councillor Hussey confirmed that he is now assured that the Trust does not have a contract with Balmoral Clinic. He referred to information that had been provided to him by Mrs Margaret Kelly which detailed prices of tonsillectomies carried out by 352 Medical Limited. Through 352 Medical Care tonsillectomies are carried out in Belfast and Councillor Hussey again asked Trust Board to consider the distance from Omagh to Derry and Omagh to Belfast. He said that why this service could not be brought to Omagh or Enniskillen was beyond his comprehension.

Councillor Hussey asked if the Trust pays the additional travel costs for families to get to and from Belfast for the pre-assessments and operations. Councillor Hussey said that this removal of services was down to nothing more than bloody mindedness. He asked how many times a consultant paediatrician has been called for in the year 2007 and stated he would like an answer to this question. Councillor Hussey asked how much it would cost to bring a Consultant Paediatrician into Omagh to have the operations performed in Omagh. He asked why has the West the longest waiting list for these procedures and why the Trust is not acting positively by restoring these facilities in Omagh. Councillor Hussey again suggested that this was perhaps bloody mindedness and that there was no logic to keep the services out of Omagh.

Councillor Hussey asked why a patient in his 80s has to go to Lagan Valley Hospital in Lisburn for laser surgery. He asked why could this surgery not be carried out in Omagh and if there was any medical treatment actually being provided in this Trust area, stating that

tonsillectomies cases are sent to Belfast and laser surgery is sent to Lagan Valley. Councillor Hussey said that Trust Board talked about quality and safety but asked what about the patient and said let's put the patient first. He advised that there was a very poor transport network in Omagh whereby bus services do not run regularly especially from Omagh to Enniskillen.

With regard to the South West Hospital, Councillor Hussey made reference to the rumour about thousands of tonnes of stones disappearing into Wolff Lough. He said if this is the case, who is going to pay for this and stated that he would hope it is not the people of Omagh who will be paying for this.

Councillor Hussey said that the Trust knows what he and the people of Omagh want and that the Trust must build the foundation and link up with the people of Omagh. He said that people of Omagh want a health service and want the Trust to provide it. Councillor Hussey said that if the Trust is not prepared to provide what the people of Omagh want then he will continue to attend the Trust Board meetings to argue the case for the people of Omagh until the Trust gets it right. He said that the people of Omagh want quality and a health service that they can be proud of and asked that the Trust please bring the services back to Omagh.

Councillor Hussey concluded by welcoming Trust Board members to Omagh on behalf of both the Council and the people of Omagh.

The Chairman advised Councillor Hussey that the Trust will continue to liaise with him in the future. The Chairman then thanked Councillor Hussey for his presentation to Trust Board.

3/08/3

APOLOGIES

Apologies were noted from Mrs B Stuart, Non-Executive Director.

3/08/4

MINUTES OF PREVIOUS MEETING – 7 February 2008

The Chairman referred to the minutes of the meeting held on 7 February 2008 which had been previously distributed. Members endorsed the minutes as a true and accurate account of discussion.

2/08/5

MATTERS ARISING

Mr Birthistle asked if there was any progress in getting the Liaison Group set up. Mrs Way advised that there has been very limited progress in relation to this. She said that with regard to MLAs, when at the Health Committee, Mr Tom Buchanan confirmed verbally that he will join the group but that he has not yet confirmed in writing. Mrs Way informed members that Dr Kieran Deeney has confirmed in writing that he will join the group but that she has had no response from the Sinn Fein MLA. She briefed members that the Omagh Hospital Campaign Group and Omagh District Council have said that they not be responding until the Minister writes to them about the 12 point plan that was presented by them at their meeting with him on 20th February 2008.

Mrs Way advised that she had spoken to Dr Miriam McCarthy who has replaced Andrew Hamilton as Deputy Secretary on a temporary basis. Mrs Way said she advised Dr McCarthy that it would be helpful if the response could be with the Council before the meeting of its

Health Committee on 12 March 2008. She informed members that once the District Council had considered the response she hoped that she would then receive a response in relation to the Liaison Group.

Mrs Way referred members to the private letter of emotional content that Councillor Hussey handed out to members at the previous meeting of 7 February 2008. Mrs Way advised that Mrs Kelly contacted Dr David McManus, Medical Director, NIAS regarding the content of the letter and that Mr McManus' response had been received on 5 March 2008. She shared a copy of the letter with Board members.

2/08/6

SAFETY AND QUALITY

Policy for Prescribing Intravenous Fluid to Children

Dr Kilgallen advised that there has been extensive training for staff in Altnagelvin and that each child treated has been audited. She stated that this is a very important policy which has been recommended to Trust Board for approval and has been discussed at the Clinical & Social Care Governance Committee.

Mrs O'Kane as Chair of the Clinical & Social Care Governance Committee said that she was happy to recommend this policy for Trust Board approval.

The Chairman confirmed Trust Board approval and reiterated the importance of this policy.

Risk Management Strategy and Corporate Risk Register

Dr Kilgallen advised that Appendix 2, the Corporate Risk Register was subject to ongoing work of the Board and would not be finalised until after the Hilary Merrett workshop on 12th March 2008.

Dr Kilgallen referred members to page 3 of 16 and said that the aim of the Trust's Risk Management Strategy is to develop and maintain a clear and effective structure of responsibility and accountability across the whole Trust, together with clear systems for identifying and managing risks, so that all Trust employees will play a role in dealing with risk, leading to measurable improvements in patient/client and staff safety. She took members through the accountability arrangements as detailed on pages 4 and 5 of the strategy, the risk management process as detailed on page 6 and the Board Assurance Framework as detailed on page 9.

The Chairman explained that there is a requirement for the Trust Board to have a policy but that approval of this strategy will not prevent further discussion with Hilary Merrett at the workshop on 12 March 2008. He stated that this strategy is an amalgamation of what has been in place previously in the legacy Trusts. The Chairman pointed out that the corporate aims and objectives have not yet been ratified by Trust Board and that he would ask Trust Board to approve this strategy as a work in progress and an interim strategy which will be subject to further development.

Trust Board agreed to this approach and the strategy was approved subject to one minor typing amendment which had been highlighted by the Chairman.

Health and Safety Policy

Dr Kilgallen took members through pages 1-3 of the policy. She made particular reference to the Committees' section on page 4 and said that the Trust Health and Safety Group will act as

a focal point for promoting, implementing and monitoring Health and Safety arrangements throughout the Trust.

Dr Kilgallen reported on the key risks outlined in pages 5-8 and stated that it is proposed that the policy be reviewed every 2 years and that it has been recommended to Trust Board for approval at this meeting.

Mrs O’Kane proposed some amendments on pages 4 and 5 of the policy and suggested that Western Health and Social Care Trust should be added as a footer in every policy produced by the Trust.

In subsequent discussion, Mr Birthistle suggested that staff should not wear their uniform out in the community. Mr Finn agreed but advised that this was very difficult to adhere to at this moment in time due to the current lack of changing facilities. However, he assured Trust Board that this issue will be addressed when these facilities are introduced.

Discussion concluded with the Chairman confirming Trust Board approval of this policy subject to the necessary amendments being made.

3/08/7

FINANCIAL PERFORMANCE REPORT – 10 MONTHS ENDED 31 JANUARY 2008

Mrs Mitchell presented the Financial Performance Report for the period ended 31 January 2008. Mrs Mitchell referred members to page 1 of the report which documents a deficit for the period of £640,000. She pointed out that this is a reduced deficit compared with the previous month.

Mrs Mitchell referred to pages 2 and 3 of the report which details the salaries and wages budgetary position and stated that the overspends on medical, domiciliary care, residential child care and administration budgets were reducing. Mrs Mitchell advised that this is partly due to the impact of the contingency plan.

Mrs Mitchell brought members attention to pages 5, 6 and 7 of the report which provides additional information on the nursing budgets within the Trust. She referred to the fact that there almost 3000 nursing posts within the Trust which reflects a budget of over £87m.

3/08/8

YEAR END REVIEW

Mrs Mitchell presented her year-end review which covered the areas of achieving the breakeven target in 2007/08 and the achievement of Review of Public Administration savings.

In relation to the breakeven target Mrs Mitchell advised she could confirm that the WHSSB had provided further non-recurring funding to cover a number of unexpected financial liabilities which would allow the Trust to achieve breakeven in 2007/08. She also advised that consideration was being given to the award of a modest amount to grant aid the voluntary/community sector which the context of the achievement of the breakeven target.

In relation to the achievement of the Review of Public Administration savings Mrs Mitchell advised that the Trust had been advised that it was required to achieve savings amounting to £5.7m from managerial and administration areas. Mrs Mitchell presented a plan for Trust Board approval which referred to two phases. Mrs Mitchell advised that phase one was

completed and had resulted in savings at managerial level of £2.87m. Phase two was to be completed over the next 3 years and would release £2.83m of savings. The plan was approved by Trust Board.

Mrs Mitchell also referred to sections in the paper on the deliverability of the savings, the project management, equality considerations and the risks associated with the issue.

2/08/9

PERFORMANCE MANAGEMENT REPORT – MONTH 10

Mr Lusby shared with members the Trust's quarterly performance management report which was set against a range of access targets. His presentation included:

- ◆ Balance Scorecard
- ◆ Elective Inpatient and Day Case
- ◆ Consultant Led Outpatient Clinics
- ◆ Accident & Emergency Services
- ◆ Diagnostics
- ◆ Delayed Discharges
- ◆ Fractures
- ◆ Allied Health Professional Services
- ◆ Cancer Services
- ◆ Community Weekly Outpatient Clinics

In terms of the balance scorecard, Mr Lusby advised that this month the main risk to year end achievement was in relation to delayed discharges. He went on to outline a number of initiatives being taken forward by the Trust to address this target.

Mr Lusby informed members of the Trust's performance against each of the Access Targets and stated that with regard to the Community weekly outpatient services, psychological psychotherapy was a main area of pressure for the Trust. He advised that the Service Delivery Unit will be setting targets for this in 2008/09.

3/08/10

INFECTION CONTROL

Mr Finn welcomed three of Trust's Senior Infection Control Nurses, Fiona Hughes, Angela Thompson and Marian Martin to the meeting.

Annual Reports of Legacy Trusts

He briefed members that in their packs were three annual reports of the Infection Control Committees from the three legacy Trusts.

Mr Finn drew members' attention to the one year and three year programme within their packs and which require Trust Board approval.

1 Year Programme

Mr Finn referred members to pages 1-3 stating that these outline the key areas of work and to pages 4 and 5 stating that these are the action plans for April 2007 to March 2008. He then took members through the detail of the programme.

3 Year Programme

Mr Finn advised that some of activities are carried on into the three year programme which is April 2007 to March 2010. He informed members that regional web based guidelines are currently being developed for Northern Ireland and that each Trust is involved in the process. Mr Finn said that the Trust will need to decide whether the regional web based guidelines will be sufficient and that if hard copies are required resources will have to be identified . He said that pending the completion of the regional guidelines only essential Trust guidelines will be revised.

Mr Finn took members through the 3 year programme and clarified that the high impact interventions that implementation was started on in year 1 (Hand Hygiene, C Difficile, Renal unit, Central Venous Catheter Care and Ventilator Associated Pneumonias) would continue to be consolidated in year 2 with implementation beginning on the additional high impact interventions (Catheter Associated Urinary Tract Infections and Peripheral Lines). He said that likewise the high impact interventions from years 1 and 2 would be consolidated in year 3 along with the implementation of the surgical site infections check list.

Mr Finn reported on the surveillance work to be carried out on a local, regional and national basis. He referred members to the section on planning on page 2 of the paper and said that the Trust has identified the resources to be able to provide Infection Control Nurse input to all planning teams for the strategic project on the Altnagelvin Site but that the Trust needs to identify the resources for an Infection Control Nurse to provide input to strategic projects in the Southern Sector. Mr Finn took members through points A-G making particular reference to point D. He explained that this was in relation to cement dust and that the Trust has to make sure that when knocking anything down that all barriers are intact and that the level of dust is monitored. Mr Finn stated that he would particularly like to endorse point G which was to petition Trust Board to consider funding for IP&C advice to planning and commissioning teams across the entire Trust.

Mr Finn informed members that there is a proposal for a research trial of equipment which monitors the number of times staff decontaminate their hands and said that while this will not cure the issue of hand hygiene it will raise awareness.

With regard to Link Nurses/Midwives, Mr Finn advised that these are people who have had a higher level of training but are not Infection Control Nurses. He said that these people would be the Trust's local champions who will help implement the standards and guidelines and facilitate the audits.

Mr Finn advised that a Link Nurse Away Day has been organised for 11 June 2008 and that the Chief Executive and he will attend and contribute. He then referred members to pages 4 and 5 which outlined the timetable which required Trust Board approval.

Mr Birthistle sought clarity regarding the 1 year programme being from April 2007 to March 2008 stating that the Trust would only have one month left to achieve this programme. Mr Finn said that this late submission to Trust Board was due to there being limited resources and that this programme should have been presented to Trust Board earlier. He stated that all of the year 1 targets have been achieved apart from some work on the guidelines which will continue into years 2 and 3.

Mrs Way stated that this was part of the Controls Assurance Standard and was being presented to Trust Board as evidence of the work being carried out.

The Chairman asked if this issue will be brought back to Trust Board to advise if the work has been completed. Mr Finn clarified that he will report back to Trust Board in either August or September on the work completed.

Mr Birthistle asked how significant an issue was hand-washing. Mrs Hughes advised that approximately 50% of infection issues were down to poor hand washing. Mr Birthistle suggested that action should be taken where staff are not following this standard procedure. The Chairman suggested that perhaps Mrs Sally O’Kane under the Clinical and Social Care Governance (C&SCG) Committee could incorporate infection control into the report writing of the Directorate Reports that are provided to the C&SCG Committee.

Mrs Doherty advised that it was agreed at Patients’ Forum a few months previous that there should be a sound system in hospital lifts requesting people to please use the alcohol gel on their hands before entering wards.

Mr Lusby outlined the current position and suggested the need for additional investment in Infection Control be included in the Trust Delivery Plan as one of the priorities for 2008/09.

Monthly Update on C Difficile and MRSA Figures

Mr Finn provided members with the monthly update as detailed in their papers. He advised that C Difficile is a bacteria or a germ which produces a toxin that can cause diarrhoea, high temperatures and abdominal pain. Mr Finn advised that mostly patients are developing C Difficile because they are having some other form of treatment ie. antibiotics which disrupt the level of flora in their bowel. He said that measures such as hand washing, protective clothing and decontamination are essential in safeguarding against C Difficile He also stated that Alcohol gel is not effective against C.Diff.

Mr Finn advised that the Trust has specific written guidelines on hygiene, protective clothing and cleaning frequencies on wards and that information leaflets are available to patients and families. He informed members that in February 2008 the Trust has started reporting to the DHSSPS and that during the period 6 January 2008 and 14 February 2008 there were 20 patients with C Difficile within the Trust. Mr Finn explained that these patients did not have the ribotype 027 strain referred to in the Northern Trust which is more difficult to treat. He emphasised that no cases of C Difficile were recorded on death certificates of Western Trust. Mr Finn stated that with reference to patients who have died, more often they die of another primary cause with C Difficile as a possible secondary cause.

The Chairman thanked Mr Finn and confirmed Trust Board’s approval of the 1 Year and 3 Year Programmes.

3/08/11

LEARNING FROM THE HEALTHCARE COMMISSION REPORT INTO THE INVESTIGATION OF OUTBREAKS OF CLOSTRIDIUM DIFFICILE AT MAIDSTONE AND TUNBRIDGE WELLS TRUSTS

Mrs Hughes advised that this report was published in November 2007 and was tabled at the Infection Control Committee in December 2007.

Mrs Hughes took members through the findings and actions from the investigation. She advised that Maidstone & Tunbridge Wells Trust was a large Trust with a lot of similarities to

the Western HSC Trust except that background level of C Difficile is a lot lower within the Western Trust.

Mrs Hughes reported that Maidstone & Tunbridge Wells Trust had poor arrangements in place for the detection and management of outbreaks but that Western Trust arrangements are sufficiently robust. She advised that part of the problem in Maidstone & Tunbridge Wells arose due to the long-term sickness of the Senior IPCN. Mrs Hughes recommended that the Western Trust consider the urgent completion of computerisation of the southern Sector Laboratories to allow amalgamation of laboratory and other data collection systems in all Trust hospitals. She said that this would ensure that an overview can be taken by the Lead IPCN and or Deputy in conjunction with the IPCD.

Mrs Hughes stated that the Western Trust has Site Leads and that Infection Control is a standing item on the monthly Site Leads Meeting whereby the Infection Control Doctors attend the meeting for this item of the agenda. She referred to further similarities between the two Trusts where the Western Trust also has significant bed pressures that have the potential to negatively impact on pre-outbreak management.

Mrs Hughes said that Altnagelvin Hospital like Maidstone & Tunbridge Wells has a very high transfer rate particular since the introduction of the trolley wait targets. Mrs Kelly advised that she felt there were other solutions that the Trust could look at and explained that the Trust is trying to move patients quickly from A&E because of the high throughput. Mrs Hughes in reply said that when patients are in A&E there is pressure on staff to move them to a separate room for isolation but that once a patient is moved into a ward the pressure is relieved and the patient is not moved as quickly as necessary to control or contain any possible outbreak

Mrs Hughes advised that another problem in Maidstone & Tunbridge Wells was that policies were not available to staff. She informed members that the Western Trust has the policies of the legacy Trusts in place which are currently being amalgamated and that the current C Difficile guidelines are clear about the requirement to isolate. Mrs Hughes said that currently there is a lack of isolation facilities across the Trust but that it aims to have 100% single rooms in Enniskillen and 70-100% single rooms in Altnagelvin.

Mrs Hughes reported that cohorting occurs across the Western Trust. She said that in Altnagelvin all new admissions to an affected bay are stopped until a single room has been identified for the positive patient and a terminal clean of the bay has occurred.

With regard to team work and communication Mrs Hughes advised that the microbiologists in Maidstone & Tunbridge Wells did not seem to work closely with each other or with the Health Protection Unit. Mrs Hughes advised that the Western Trust does have a joint IPCC that approves all infection prevention and control related guidelines/policies and that the antibiotic policy has recently been reviewed and all changes have been agreed with all microbiologists in post in conjunction with the antimicrobial resistance pharmacist. She further advised that since August 2007 each patient who develops C Difficile is individually audited including prudent prescribing.

Mrs Hughes informed Trust Board that staff on the wards have been trained so that they can take ownership and ensure that there is always someone on the ward that is able to audit for compliance with the evidence based care bundle. She said that the Trust has information leaflets for patients and families which are in the process of being amalgamated and that an audit is in progress on decontamination practice. Mrs Hughes advised that Ms Angela

Thompson is carrying out the audit. She also advised that the Medical Director is currently assessing how C Difficile associated deaths are documented.

Mrs Hughes stated that 75% of necessary staff will have received the mandatory training by the end of the year and welcomed Trust Board members attending such training.

Mrs Hughes pointed out that there has been a great improvement in the Trust's cleaning scores. She said that the Trust does not have 24/7 coverage for cleaning but that there is a bid in for cleaning as part of the £9million investment.

With regard to the annual reports and the prospective planning tabled by Mr Finn, Mrs Hughes advised that a further updated 1 and 2 year programme would be issued in the next few months and that Trust Board will be involved when the next Annual Report is completed.

Mrs Hughes stated that any signs of outbreaks will be tabled at Trust Board and that Mr Finn will report to Trust Board each month on the Trust's position on Infection Control and on the comparison to the other Trusts within Northern Ireland.

The Chairman made reference to the Environmental Cleanliness Survey carried out by KPMG. Mr Finn advised that the Trust has moved from 64% to 81% in achieving environmental cleanliness. He said that support services staff have worked well along side Infection Control staff and should be commended.

The Chairman thanked Mrs Hughes, Ms Thompson and Ms Martin for their presentation and asked for specific 2 hour mandatory training to be organised for Trust Board.

3/08/12

DATA PROTECTION POLICY AND RECORDS MANAGEMENT STRATEGY

Data Protection Policy

Mr Lusby reported that the policy was the product of the harmonisation of the three policies from the legacy Trusts. He said that the policy was of tremendous importance and that the policy states that the Trust is committed to treat all information - clinical, non-clinical and staff information in strict confidence. Mr Lusby advised members that the policy complied with the current legislation and good practice guidelines. He said that the policy principles were based on the following areas:

- ◆ Proper and effective information to patients and staff
- ◆ Seeking consent of patients, clients and staff
- ◆ How information/data is handled
- ◆ How people can access records
- ◆ Appointment of Data Guardian - Dr Anne Kilgallen
- ◆ Day-to-Day management of Data Protection – responsibility of Mrs Sara Groogan
- ◆ Consent to the use of photographs, videos etc
- ◆ Appropriate use of CCTV
- ◆ Proper guidance and training provided

Mr Lusby stated that the policy lists all responsibilities from the Chief Executive down through the organisation in terms of each member of staff.

There being no questions members supported the proposed policy as outlined by Mr Lusby.

Records Management Policy and Strategy

Mr Lusby advised that the Policy Statement and Strategy relates to all records in all formats. He clarified that it covered corporate, patient & client and staff records either manual or in electronic form. Again, Mr Lusby stated that the Strategy had been developed in line with the current legislation and good practice guidance and that it was the product of the harmonisation of the policies of the three legacy Trusts. He said that the Statement refers to all information as a corporate asset that the Trust is required to deliver and that this put a huge responsibility on the Trust in terms of records management.

Mr Lusby pointed out that the Strategy gives the commitment that the Trust will create, use, manage, destroy, dispose of or preserve its records in accordance with all statutory requirements. He said that the strategy sets out the aims of the records management system and the accountability.

Mr Lusby advised that as part of the Controls Assurance Standards the Strategy requires the Trust to carry out a stock take in terms of measuring the Trust's performance.

Following consideration members supported the proposed Policy Statement and Strategy as outlined by Mr Lusby

3/08/13

SCHEME FOR DELEGATION OF STATUTORY FUNCTIONS

Mr Doherty reminded members of the special meeting which took place on 21st March 2007 to adopt a scheme for the delegation of statutory functions which was then ratified by the full Trust Board at its meeting on 30th March 2007. He said at that time he advised Trust Board that the scheme would remain operational for one year during which it would be more comprehensively reviewed and revised.

Mr Doherty advised that during the course of the year 2007/08 a Regional Group was established and he was a member of this group. He informed members that the group has now produced a much more comprehensive review of the delegated statutory functions. Mr Doherty stated that the scheme was largely the same but has been updated in line with Departmental policies & guidelines and that it has been legally assured by the Central Services Agency.

Mr Doherty concluded by stating that the scheme was required to be authorised by the Trust Board and approved by the DHSSPS by 29th March 2008 to enable the Western Trust to discharge the legal obligations on 1st April.

Following consideration members supported the Scheme for Delegation of Statutory Functions and thanked Mr Doherty for his briefing.

3/08/14

BELTANY CHILDREN'S RESPITE FACILITY BUSINESS CASE - ADDENDUM

Mr Doherty advised that the business case had been prepared to ensure a more equitable distribution of respite services to support the parents of children with learning disability. He

informed members that there is a dedicated respite facility for children in the northern sector at Shepherd's Way but that there is no dedicated facility in the southern sector.

Mr Doherty reported that respite was provided sessionally for five children in the southern sector but that capacity was reduced from five to three following an inspection by RQIA. He then proceeded to take members through the remainder of the briefing paper and business case. Mr Doherty said that in context of the limited capital funding available to the DHSSPS, the Trust had to look at alternative sites for the 8 bedded purpose built unit which had originally been approved in 2006 to be built on a Dromore site.

Mr Doherty highlighted that the preferred option identified in the addendum is on the former Omagh General Hospital Site. He assured members that he was satisfied that this option represents value for money and would provide a much needed service for children and their families in the southern sector.

After considerable discussion it was noted that although the costs appeared to be extremely high, this was due to the complex needs of the children and staffing costings being calculated at Agenda for Change prices.

Following consideration members supported the proposed Addendum to the Business Case as outlined by Mr Doherty.

3/08/15

HOSPITAL VISITING POLICY

Mr Finn advised members that this policy was taken to the Patients Forum and has been devised to ensure:

- Ø The Trust meets the therapeutic need for patients to see family and friends,
- Ø Clinical care is delivered in a timely manner maintaining patients' privacy and dignity,
and
- Ø The Trust helps prevent and reduce hospital-acquired infections.

Mr Finn referred members to pages 5 and 6 of the policy and stated that there is some flexibility with Children's Ward and Neo-Natal Unit visiting times. He said that all visiting times will be monitored throughout the course of the year and that car parking will also need to be monitored.

Mr Finn suggested that if the Trust Board approve the policy there will need to be a media campaign to highlight why the Trust is implementing this policy.

Following consideration members confirmed their support of the proposed policy outlined by Mr Finn.

3/08/16

SUMMARY OF STATUTORY INVESTIGATIONS AS AT 31 DECEMBER 2007

Mrs Sheerin stated that this was purely for members to note and that she would be happy to address any individual concerns outside the meeting. The summary of statutory investigations as at 31 December 2007 were then noted by Trust Board.

3/08/17

PROPOSALS FOR HEALTH AND SOCIAL CARE REFORM

The Chairman advised that the statement was available to Trust Board members to review and that the Trust would be formulating a response which would come back to a future Trust Board for approval.

3/08/18

THE OLD WATERSIDE HEALTH CENTRE REOCCUPATION SCHEME

Mr Lusby took members through the detail of his briefing note which was included in their papers. He advised that the former Foyle Trust had given a commitment to the Department of Social Development (DSD) that the Trust would not free up the Old Waterside Health Centre onto the open market.

Mr Lusby explained that two teams will be brought from leased premises to use the facility which would in turn free up funding. He informed members that it is recommended to Trust Board to award the contract to Louerne Construction Limited at the cost of £195,693.91 together with overall funding at £237,299.

The Chairman asked how many people would be moving into the facility. Mr Lusby advised that there would be somewhere in the region of 80 people moving into the facility.

There being no further questions Trust Board gave approval for the tender to be awarded to Louerne Construction Limited and for the scheme to proceed.

3/08/19

TRUST FUND APPROVALS

There were no Trust Funds for approval.

3/08/20

CLINCIAL & SOCIAL CARE GOVERNANCE (C&SCG) COMMITTEE – MINUTES OF 19 FEBRUARY 2008 MEETING

Mrs O’Kane stated that she would not take members through all the detail contained within the minutes and advised that the main business of the meeting held on 19 February 2008 was made up of the quarterly Directorate governance reports as follows:

Women & Children’s Services

Mrs O’Kane informed members that since the last C&SCG Committee meeting in December 2007 several key issues remain for the Directorate. She said that these were the lack of labour ward cover within the Altnagelvin Area Hospital, the number of unallocated referrals within Family Support Sub Directorate and the provision of appropriate hospital accommodation for under 18’s who are admitted to psychiatric hospitals. Mrs O’Kane added that the Directorate has all of these issues listed as red risk on the Directorate Risk Register. She further advised that the funding for the 40 hour labour ward cover has been approved and said she was very pleased that this would ensure that the standard is met. Mrs O’Kane also commented on the postponed case conferences and LAC Reviews.

Adult Mental Health & Learning Disability

Mrs O’Kane briefed members on a Day Opportunities Conference for Learning Disability which was held in the Mellon Country Inn. She said this was a resounding success and was well attended by parents and carers.

Primary Care and Older People

Mrs O’Kane referred to the governance arrangements and advised that on a monthly basis the Directorate Clinical and Social Care Governance Team meet with a fixed agenda in line with the overall corporate objectives, which include risk management and clinical and social care effectiveness. She said that the Directorate has identified clinical and social care effectiveness, audit and research as priority areas for development.

In terms of communication, Mrs O’Kane advised members that the key component of the delivery of Primary Care and Older People’s Services was the development of the Integrated Service Delivery Initiative (ISD) within the Trust.

Acute Services

Mrs O’Kane informed members that the Acute Directorate participated in a workshop on the 3rd December 2007 to develop a multi-disciplinary audit structure and that it had been agreed at the workshop that there would be one overarching multi-professional group for the Trust with each of the Directorates establishing their own Audit Group. She said that the Acute Directorate was in the process of establishing its group.

With regard to the gaps and services issues Mrs O’Kane stated that the provision of a phlebotomy services to wards and outpatients has been extremely difficult due to increased levels of sick leave in the Department. She added that bids have been increased to recruit Medical Emergency Assistants who would take on some of this workload.

In terms of the Patient Client Safety Programme, Mrs O’Kane advised that the current intervention groups – AMI Medicines Reconciliation and VAP have completed baseline assessments and are putting in place cycles of change and collecting data to demonstrate improvement in meeting the standards.

Finally, with regard to the Corporate Manslaughter Act 2007, Mrs O’Kane advised that in April 2008 the Act will not apply to the management of custody but that this will come into effect in 3 years time. However, she stated that in preparation for this, organisations are required to undertake a scoping exercise to identify the issues which might apply their organisation and the action required to address these.

The chairman asked if all Trust Board members could be provided with a copy of the Social Care Governance Workbook and advised that all Chairmen discussed the Corporate Manslaughter Act at their last meeting and asked the Minister to provide regional guidance to Trusts on the role of Non Executive Directors. He then thanked Mrs O’Kane for her briefing.

3/08/21

AUDIT COMMITTEE – MINUTES OF 21 FEBRUARY 2008

Mr Birthistle referred members to page two of the minutes and made particular reference to the Chief Internal Auditor post. He explained that after two unsuccessful attempts to recruit a replacement Chief Internal Auditor for Mr Seamus Wade an interim arrangement was put in place whereby Mr Colin Langford, Chief Internal Auditor with the NHSCT was also providing cover for the WHSCT. Mr Birthistle advised that Mrs Mitchell had suggested formalising this arrangement with the NHSCT given the likelihood of shared services in the future. He said that the Audit Committee agreed that this was a sensible proposal and he informed Trust Board members that Mrs Mitchell is now in the process of formalising the arrangements with the NHSCT.

Mr Birthistle then briefly took members through the rest of the detail of the minutes from the 21 February 2008 meeting.

The Chairman confirmed the minutes as noted with one minor correction to be made and thanked Mr Birthistle for his briefing.

3/08/22

CONFIDENTIAL ITEMS

3/08/23

ANY OTHER BUSINESS

Non Executive Director Development

Mrs O’Kane briefed members on a development workshop that that Mrs Doherty, Mrs Stuart and herself attended on the week of 25 February 2008 which addressed the all round performance of Trust Board. She advised that the workshop was facilitated by Baroness Renée Fritchey and agreed to get copies of the material used at the workshop to the Chairman for his review.

The Chairman informed members that he and Mrs Way would be attending a Provider Development Programme on 3 April 2008 prior to the next Trust Board meeting and suggested that it could be requested for Baroness Fritchey to provide training. It was agreed that a development day and night would be organised for Trust Board as soon as possible and that it could be attached to the May Trust Board meeting.

3/08/24

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust will take place on Thursday, 3rd April 2008 at 2.15 pm in the Denis Desmond Room, Trust Headquarters, MDEC Building, Londonderry.

The Chairman then declared the meeting as closed at 6.10pm.

Mr G Guckian
Chairman
3 April 2008