Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 2 March 2017, at 10.00 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry

PRESENT

Mr N Birthistle, Chairman
Mrs E Way, Chief Executive

Mr J Campbell, Non-Executive Director
Mrs S Cummings, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Mrs M Woods, Non-Executive Director

Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services
Mrs G McKay, Director of Acute Services
Mr A Corry Finn, Executive Director of Nursing/Director of Primary Care and Older People
Mr T Millar, Director of Adult Mental Health and Disability Services
Dr D Hughes, Medical Director
Mrs A McConnell, Director of Human Resources
Mrs L Mitchell, Director of Finance and Contracting
Mrs T Molloy, Director of Performance and Service Improvement
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs M McGinley, Executive Assistant to Chief Executive
Mr O Kelly, Head of Communications
Mrs M Kelly, Support Services (agenda item 3/17/16)
Mrs J Quinn, Facilities Management (agenda item 3/17/16)

3/17/1

CHAIRMAN’S BUSINESS

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

• On 13 February the Chairman was delighted to welcome Health Ministers Michelle O’Neill and Simon Harris, Republic of Ireland, to the North West Cancer Centre. The visit gave Ministers the opportunity to meet staff, receive a tour of the building and meet key people who were instrumental in bringing the Centre to fruition including the project team and building contractors, campaign groups and charity representatives.
• The Chairman referred to recent reports regarding funding of Learning Disability services within the Western Trust.

Bringing members up-to-date with developments, it was noted that the Minister for Health, following consultation with families and carers, had asked the Trust to formally appoint an independent facilitator to lead a “Personal and Public Involvement” process on the development of a plan for additional spend on adult learning disability services. The Chairman confirmed that Mrs Anne McMurray had been appointed to this role and she had commenced her planning arrangements.

In addition, the Health Minister has decided that an independent investigation will also take place into the capitation variance in adult community learning disability services in the West. It is the Minister’s intention that this review will also be carried out by a person independent of the Trust and the Trust awaits confirmation of this appointment.

• To celebrate Care Day 2017, the Health Minister invited Trusts to an evening with Looked After Children and Young People on 16 February in Parliament Buildings. The Chairman and Chief Executive attended this event.

Earlier in 2017 the Minister met with looked after young people from VOYPIC and they had asked for her assistance to create a mechanism whereby they could directly engage with those who make decisions. The Chairman said at the event attendees heard the words of young people voiced by their peers as they shared their feelings, thoughts and fears about their care experiences. Discussion also took place on how ongoing dialogue on care could be developed with looked after children and young people.

The Chairman advised that on the evening he and the Chief Executive made the following pledge:

“To build a relationship between VOYPIC and Non-Executive Directors to regularly visit residential homes and listen to what our children/young people say”.

The Chairman said that Mr Downey would consider how this should be taken forward however he was encouraging Non-Executive Directors to foster a relationship with a children’s home in their area and to develop an interest with that particular home.

• As part of the Care Day Northern Ireland campaign the Western Trust was pleased to host a workshop on 17 February with Ms Jenny Molloy, author of “Hackney Child”, presenting the keynote address. The Chairman said that it was a very emotional keynote address as Jenny shared her personal story of being in care. He added that Jenny paid tribute to the services developed in the Western Trust and in particular the Trust’s Model of Attachment Practice (MAP) which
evidences the importance of developing meaningful relationships with our young people. She also visited a children’s home within the Trust’s area.

In the afternoon delegates had the opportunity to hear directly from a foster carer and young people who had experienced the care system locally.

Mr Downey advised members that Ms Molloy will return to the Trust on 29 March to speak at a conference focussing on neglect.

- On 21 February the Chairman was pleased to open a 2 day conference “Safeguarding in a Global Context”. As Northern Ireland becomes increasingly diverse in culture, the Chairman said the Trust needs to enhance its knowledge and understanding of how to identify issues of safeguarding and how to respond with cultural competence. The aim of the conference was to raise awareness of issues around child and adult abuse within Minority Ethnic (ME) communities and share knowledge that will support practice that is sensitive to cultural and religious needs.

- On Monday, 27 February, the Chairman welcomed the Mayor of Derry City and Strabane Council, Councillor Hilary McClintock, to visit Altnagelvin Hospital. He said the visit was rearranged from December when the visit had been postponed due to hospital pressures. The Director of Acute Services and he escorted the Mayor on a visit to a number of wards meeting staff and patients.

3/17/2
CHIEF EXECUTIVE’S REPORT

Mrs Way referred to a report of her business since the last meeting.

- Mrs Way advised members that on 8 February she attended a regional workshop in relation to the Health Minister’s transformation strategy “Delivering Together”.

    Following the workshop she attended a meeting of the Transformation Implementation Group where work is progressing well with regard to a number of workstreams being taken forward including work on service reconfiguration and elective care planning.

    Mrs Way said the Group had been briefed on the outcomes of engagement events which had taken place across Northern Ireland in relation to service reconfiguration criteria and also received a presentation from the Chief Nursing Officer in relation to Co-Production.

- On 9 February the Chief Executive was delighted to welcome members of the CAWT Management Board to Altnagelvin Hospital for its business meeting. She said she was also pleased that the visit gave the Management Board the opportunity to visit the North West Cancer Centre, an excellent example of the benefits of cross-border collaboration. During the ensuing meeting, members
discussed a range of projects that will be taken forward under Interreg V funding. Mrs Way thanked all the Directors and their staff for the considerable efforts they had made in developing successful applications that would allow cross-border services to be delivered across these areas to thousands of people and families in need.

Mrs Way said that she would share the full detail of the investment following the meeting.

- On 13 February the Cross Border Cardiology Steering Group held its meeting at Trust Headquarters. Mrs Way reminded members that the cross border pPCI service commenced in May 2016 and there will be a formal review of the Service Level Agreement with Saolta in May.

Members were advised that in terms of patient activity to date there have been 28 true pPCI activations at Altnagelvin Hospital, 12 false activations and approximately 124 ECG calls received at Altnagelvin CCU for advice on cross border pPCI. All of the patients presenting (40) were treated and successfully repatriated. Mrs Way confirmed that activity was in line with the predicted level identified in the Service Level Agreement and feedback from patients has been very positive.

- On 27 February, the General Medical Council visited Altnagelvin Hospital to gather a realistic view of the quality of medical education in the Western Trust as part of its regional review (which will include the Northern Ireland Medical and Dental Training Agency and Queen’s University Belfast). Prior to the visit, the Trust provided significant documentary evidence of work in relation to both undergraduate and post-graduate teaching and training.

Members were advised that on the day the GMC met with members of the senior management team including herself, Directors, the Medical Director, senior medical educators and foundation and core medical doctors in training. They also met and interviewed medical students and core and higher trainees from the specific specialties listed.

Mrs Way advised that at the end of the day, the GMC gave some feedback to the senior team and the Trust awaits it written report before commenting further.

Mrs Way thanked the Medical Director and Drs Corrigan and McNeill, along with Ms Doherty for their work in preparing and facilitating the visit.

- The Chief Executive was pleased to advise members that the Trust’s Respiratory Team at the South West Acute Hospital had been recognised recently for its asthma care.

The team shared the honours with Dr Keith McCollum [joint winner] in the Asthma Project of the Year Award Category at the Northern Ireland Healthcare Awards, held at the Europa Hotel, Belfast.
Members were advised that in recent years the Respiratory Team had been improving and developing services in line with Transforming Your Care initiatives with new service developments including Respiratory Outreach Clinics (clinics held in GP surgeries), Virtual (telephone) clinics and an email advice service. The team also introduced respiratory medicine teaching sessions in a symposium format for primary and secondary care staff. It was noted that following the introduction of these services the team demonstrated more efficient working and cost savings with excellent patient feedback.

- Mrs Way advised that a collaborative working partnership between pharmacy teams in the Western Trust and Northern Trust had been recognised recently for excellent practice in older people’s medicine. The teams shared the honours in the Hospital Pharmacy Team of the Year Award Category at the Northern Ireland Healthcare Awards.

Since September 2015 the Western Trust and Northern Trust’s Medicines Optimisation in Older People Pharmacy Teams have worked together, refining and changing new consultant pharmacist led models of pharmaceutical care for patients living in care homes and admitted to community hospitals. The teams embraced the need to implement the new service and evaluate them as it would change the shape of how older people’s medicines management would be delivered across Northern Ireland.

Based on their positive outcomes for patients, the Department of Health is providing permanent funding for this new, innovative service to be replicated across all 5 trusts.

3/17/3

APOLOGIES

Apologies were received from Dr C O’Mullan, Non-Executive Director.

3/17/4

DECLARATION OF INTERESTS

Mr Campbell referred to Mrs Way’s report under her Chief Executive’s business report with regard to Interreg funding. He said that while he was a member of the SEUPB Audit Committee, he was not part of the decision making process in relation to the allocation of this funding.

3/17/5

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting having been distributed were approved as a true and accurate record of discussion.
3/17/6
MATTERS ARISING

There were no matters arising.

3/17/7
QUALITY AND SAFETY

Infection Prevention and Control Update

Dr Hughes referred members to the update report within papers. He advised that the Trust’s reduction target for *Clostridium difficile* associated disease in 2016/17 was 48; a reduction of 16 cases or 25% compared to last year. He said this challenging target could not now be achieved as to date 49 cases had been reported. Dr Hughes explained that 31 of the cases were classified as healthcare-acquired or associated as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency (PHA)). However, Dr Hughes explained that this was not always an accurate predictor of being healthcare-associated. The remainder were classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.

Members were reminded that the MRSA bacteraemia target for 2016/17 was 7; a reduction of 2 cases or 22.22% on the previous year’s performance. Dr Hughes advised that there had been 3 cases reported so far this year, all of which had been categorised as community-associated. As such, the Trust is currently on track to achieve the target, with a decrease of 63.64% compared to last year.

Continuing Dr Hughes advised that as of 21 February 2017, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:

- Altnagelvin Hospital – 538 days
- South West Acute Hospital (SWAH) – 374 days
- Tyrone County Hospital (TCH) – 768 days

Members were advised that there was an increase in patients experiencing vomiting and diarrhoea in Ward 3, SWAH, with 2 isolates confirmed as positive for Norovirus. He said the Ward was closed to admissions and transfers from 11 February 2017 and re-opened fully on 20 February. He advised that the index case appeared to be a visitor who was symptomatic and subsequently was admitted to hospital as a result.

Mrs Woods asked how the Trust’s performance compared regionally. Dr Hughes confirmed that in respect of MRSA the Western Trust was the best performing Trust but that each Trust had individual targets based on previous performance. He stated that in relation to *C Difficile* the Trust was not the best performing in Northern Ireland. Mrs Way assured members that each case of *C. Difficile* is brought to the Chief Executive HCAI Accountability Forum for formal review.

Discussion continued on self-audits and unscheduled audits. Dr Hughes advised that the IPC Team validates audit scores and where necessary it provides additional support.
Dr McIlroy commended the Trust’s performance especially in the context of the additional hospital pressures being experienced over the winter period. Dr Hughes commended the work of the IPC Team which supported individual wards during the period.

**Environmental Cleanliness Update**

Mr Corry Finn referred members to the audit report for January 2017 and said that it showed continued progress. He commended the collaborative work of the cleaning, estates and nursing staff for the good outturn.

Referring to bi-monthly reports Mr Corry Finn advised that overall compliance had reduced to 84% with 16% not carrying out the audit as per the standard of 2 audits per month. He said that discussions were being held with the Directors for those areas that had not met the standard.

In relation to quarterly audits members were advised that for the first month of the quarter, compliance was 32% with 68% of audits still to be completed during the quarter. He said this outturn was as expected for the first month.

In respect of the 6 monthly audits compliance, for the 4th month of the 6 month compliance, audit outturn had increased to 63% for the period. In respect of managerial audits members were advised that compliance as of January had been 74%. Members were assured that managerial audits were well on target for completion.

Mrs O’Kane commended progress made to date.

**Corporate Risk Register and Board Assurance Framework**

Dr Hughes advised members that there were currently 26 corporate risks as agreed by Trust Board in February 2017.

He said there were no new risks for consideration and no risks were being proposed for deletion/de-escalation. He referred to ID46 and agreement at the Governance Committee on 14 December that the risk title and description would be updated. Members endorsed this proposal.

3/17/8

**FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED 31 JANUARY 2016**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 January 2017 contained in the papers.

Mrs Mitchell advised that the Trust continued to report a projected year end deficit of £11,168m. Mrs Mitchell stated that the Trust had advised the HSCB/DoH through the draft Trust Delivery Plan of the projected year-end deficit for 2016/17. Mrs Mitchell said that the Chairman had recently received a letter from the Permanent Secretary...
regarding an additional allocation which would be factored into next month’s financial performance report.

Mrs Mitchell reported that the Trust was reporting a deficit of £8.969m as at 31 January 2017.

Mrs Mitchell referred members to Table 2 and advised that the Acute and Women & Children’s Directorates had reduced their overspends from the previous month mainly as a result of receiving additional allocations from the HSCB and the application of slippage monies. She further reported that the Primary Care and Older People’s and Adult Mental Health and Disability Directorates remained in a static position.

Mrs Mitchell highlighted the continuing increasing spend on medical locums and specifically the graph on page 8.

Mrs Mitchell directed members to Section 6 on Financial Targets Monitoring.

Mrs Mitchell referred to Table 6 documenting capital expenditure planned for 2016/17.

Dr McIlroy stated that safety was the over-riding factor and this was a primary reason for any overspend. Mrs Way commented that she had expected the financial position for January to have worsened due to the commitments being made in respect of winter pressures such as domiciliary care, but this had not been the case as shown in Mrs Mitchell’s report.

The Chairman noted that the savings were on target which is reassuring.

Mr Campbell stated that it was reassuring to the Board that expenditure was being contained in line with financial projections.

Mrs Cummings referred to the Finance and Performance Committee at the beginning of December and the discussion on winter pressures and the need to keep services safe.

Mrs Doherty noted the improvement in the prompt payment performance.

3/17/9

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the Trust’s performance management information for the period ending January 2017.

Commencing with the performance of cancer services, Mrs Molloy said that the Trust’s performance against the 14 day breast target continued to be 100%, and 100% in respect of the 31 day cancer target - continued exceptional
performance. She said that while the regional position was 96% in respect of the 31 day target the Western Trust was the only Trust to be achieving 100%.

Mrs Molloy referred to the 62 day target and said that the Trust’s performance for end of January had improved to 93%. She said this was largely due to the improvements in urology patients which had been worked through over the last few months. She said that the regional average was 68% in December. It was noted however there were 4.5 breaches in the period relating to 8 patients, 7 of whom were Inter-Trust transfers.

Against the standard that 95% of patients, where clinically appropriate, will wait no longer than 48 hours for inpatient treatment for hip fractures, members noted the Trust’s performance of 90% during January 2017. Members were advised that there had been 4 breaches in January all relating to theatre capacity being taken by trauma cases or cases of higher clinical priority. Mrs Molloy also advised of the impact of norovirus on the ward which resulted in the ward being closed to new admissions up to 30 December.

Mrs Molloy said that 100% of all fractures were treated within 7 days.

Mrs Molloy referred to performance against the Unscheduled Care standards and said that against the standard that 95% of patients attending any type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted within 4 hours of their arrival in the department, the Trust’s overall performance at end of January had improved slightly to 69%. Members were advised that performance had been 62% in Altnagelvin and 67% in the South West Acute Hospital against this 4 hour standard.

Members noted that there had been 175 breaches of the 12 hour standard during January 17 which was significant given the Trust’s historically good performance against this standard. As, context, Mrs Molloy advised members that the in both December and January the Western Trust had the lowest number of 12 hour breaches of all Trusts however it also had the lowest 4 hour performance. It was noted that across the region there had been 1,875 breaches of the 12 hour access standard.

Mrs Molloy referred to her briefing last month on the significant impact of norovirus on bed availability within Altnagelvin Hospital, Waterside Hospital and some nursing homes and the blockages this had created in patient flow in December. She advised members that recovery from the significant issues arising proved difficult and the Trust continued to operate at business continuity level 3 throughout January for this reason. Mrs Molloy said however she was confident that the Trust would see an improving position in February.

Against the standard that at least 80% of patients should have commenced treatment following triage within 2 hours, the Trust’s performance had again been 88%.
Moving on Mrs Molloy referred to elective access in respect of outpatients. Members noted that the Trust’s performance at end of January had remained at 33% with the longest waiting patients being for gastroenterology, orthopaedics and general surgery. Mrs Molloy said that while performance had remained stable the Western Trust remained best performing Trust against the Ministerial standard however there remained a high number of patients referred and waiting more than 9 weeks to be seen. Members were advised that at April 2016, approximately 16,000 patients within the Western Trust were breaching the 9 week standard and that figure had now grown to 19,139 patients. It was noted that there had been an improvement in the numbers of patients breaching in January 17.

Mrs Molloy advised that there was an increase in the number of patients waiting more than 52 weeks by 400. She said that this clearly demonstrated the gap between the capacity in the service, and the demand in some specialities such as gastroenterology, orthopaedics and general surgery.

Mrs Molloy reminded members that actions to improve the position for these patients were described at the last meeting and in particular the Trust was seeing the impact of the GP review of referrals. It was noted that as a result around 300 patients waiting more than 52 weeks would be removed from the list next month, as they has been assessed by their GP as no longer requiring the referral. Also, Mrs Molloy said the benefits of the in-house waiting list initiative would realise in February and March.

Mrs Molloy referred to the Minister’s 5 year elective plan which had been announced in January. She said the plan describes the Minister’s aim to target resources at those waiting more than 52 weeks and to bring forward work to sustainably address the current and future waiting lists. It was also noted that there is a recognition that additional funding will be required to take these measures forward.

Mrs Molloy referred to elective access in respect of inpatient/day case. She said that against the standard that at least 55% of inpatients and day cases should be treated within 13 weeks and no patient waits longer than 52 weeks for treatment the Trust’s performance at January was 40%. Mrs Molloy said that this showed the impact of the bed pressures continuing into January particularly in Altnagelvin Hospital. She said the number of patients waiting more than 13 weeks continued to increase by around 480 and those waiting more than 52 weeks had increased around 300. Members were advised that there was little benefit from waiting list initiative due to limited capacity in-house however the Trust had been authorised to do a small number of orthopaedic treatments in the independent sector and these would be completed by the end of March.

Mrs Molloy added that given the impact of winter pressures on elective performance the Trust needed to examine to what degree it could re-plan routine treatments across the rest of the year.

Members noted that the specialities with the largest increase in patients waiting more than 52 weeks were orthopaedics, ENT and general surgery.
Mrs Molloy referred to acute core activity against the Service and Budget Agreement. She said in respect of elective inpatients/day cases the Trust’s performance was -9.2%; new outpatients -10.5%; and review outpatients -1.3%. Mrs Molloy advised that improvement plans had been submitted to the Health and Social Care Board however there continued to be significant challenges in some areas. In respect of the regional position Mrs Molloy advised that in respect of elective inpatients/day cases the position was -7.3% and in respect of new outpatients the position was -9.2%. Again Mrs Molloy advised that the position with regard to inpatients/day case was due to the cancellation of routine elective surgery due to hospital pressures.

Moving to diagnostics Mrs Molloy advised that the Trust’s performance was 75% of patients waited less than the 9 week standard. She advised that the Trust remained the highest performing Trust with the regional average being 58%. It was noted that the Western Trust had the lowest number of patients breaching. She said that in relation to the standard that all urgent diagnostic tests are reported on within 2 days of the test being undertaken, the Trust’s performance was 92%.

Mrs Molloy advised members that the Trust was currently progressing plans for approximately 1,000 patients to be seen through waiting list initiative with 760 patients waiting for cardiac assessment being seen and 220 audiology patients being seen.

Mrs Molloy advised that endoscopy continued to have an excellent performance due to the additional investment to attain it.

Continuing with children’s services targets, Mrs Molloy advised that at end of December, 252 children were waiting longer than the 9 week standard for their first Community Paediatrics appointment and 15 children were waiting longer than 52 weeks. Consultant shortages continued to be the primary cause of these breaches. In respect of CAMHS, 93 children were waiting longer than 9 weeks to access the Child and Adolescent Mental Health Service all but 10 of these were referrals for ADHD assessment.

Mr Downey referred to performance in respect of CAMHS and said that as of today the service was at zero breach position. He said in respect of the ADHD service from 1 April particular attention would be paid to this service with a view that the waiting list would be cleared in the first quarter of 2017/18.

Mrs Molloy shared outturn against standards in respect of stroke, dementia, direct payments and carers’ assessment and members were asked to note the significantly improved position in respect of direct payments and carers’ assessments.

Members noted a continued deteriorating position with regard to breaches within Allied Health Professional services, primarily due to staff sickness and maternity leave.

Moving to mental health and learning disability services members noted that in respect of the standard that no patient waits longer than 9 weeks to access adult
mental health services, 91 people waited longer than the 9 week standard. Continuing with psychological therapies, members noted that in respect of the 13 week standard, there had been 355 breaches. The capacity within the service was the primary reason for this position, and it was noted that this position was consistent with the region. Mrs Molloy advised that support from HSCB had been sought to undertake additional work in the last quarter to improve the position.

Mrs Molloy referred to discharges within mental health and learning disability and advised that there had been a slight improvement from the December position. Performance on hospital discharges in acute hospitals continued to be mixed, and Mrs Molloy advised that in relation to complex discharges there had been 39 breaches in respect of the target that no complex discharge takes longer than 7 days. She said that there had been a small impact of the norovirus in the Tyrone County Hospital which blocked ability to discharge from both acute hospitals for a 2 week period. In respect of the standard regarding non-complex discharges the Trust’s performance remained at 96%.

The Chairman thanked Mrs Molloy for her comprehensive presentation.

3/17/10
FINANCE AND PERFORMANCE NOTES FROM 31 JANUARY 2017

Mrs Cummings referred members to the notes of the Finance and Performance Committee meeting held on 31 January for information.

3/17/11
DRAFT CORPORATE PLAN AND CONSULTATION REPORT

Mrs Molloy referred members to a final draft of the Trust’s Corporate Plan 2017-21 which was being submitted for approval.

Members were advised that the draft plan had been subject to a consultation exercise which commenced on 5 December 2016 and closed on 24 February 2017. She outlined to members the channels which the draft plan had been available from and advised that 18 responses to the consultation had been received and 26 staff members responded through the Survey Monkey. She referred members the consultation feedback report in their papers for information.

Mrs Molloy reported that the draft corporate plan had been reviewed and revised on the basis of the responses received along with comments from the Department of Health. She asked members to approve the final draft corporate plan and consultation feedback report and said if approved she would ensure the documents are uploaded onto the Trust’s website and the Corporate Plan would be submitted to the Department of Health by 1 April 2017 in line with required timescales.

Following consideration members unanimously approved the draft Corporate Plan 2017-21.
3/17/12
AUDIT COMMITTEE MINUTES OF MEETING HELD ON 6 FEBRUARY 2016

Mr Campbell referred members to the minutes of a meeting of the Audit Committee held on 6 February 2017.

Mr Campbell referred to business discussed including an update on payroll overpayments, HRPTS e-financials interface challenges and the internal audit progress report 2016/17. He asked, in respect of the internal audit progress report, Directors to ensure that all recommendations are implemented on a timely basis.

Mr Campbell advised members that the Audit Committee had approved the internal audit plan for 2017/18 and discussion took place on the external audit strategy for the accounts process for 2016/17, the outcome of which will be shared at the June meeting of the Audit Committee.

Following consideration members approved the minutes.

3/17/13
REGIONAL EMERGENCY SOCIAL WORK SERVICE ANNUAL REPORT 1 APRIL 2015 – 31 MARCH 2016

Mr Downey referred members to the Regional Emergency Social Work Service Annual Report for the period 1 April 2015 – 31 March 2016. He said this was the third annual report for the Service and provided an overview of the ongoing development of the service, its staffing and activity levels by Trust, as well as activity levels in relation to the Northern Ireland Housing Executive. He added that for the first time the report provided the source of referrals which showed that the largest number of referrals were by the PSNI.

Members were reminded that the Regional Emergency Social Work Service is managed by the Belfast Trust on behalf of the 5 Trusts since it commenced in May 2013 and reports regularly to an Operational Management Group and a Consortium Board, of which the Western Trust is a member. He said the service is delivered from 4 offices across Northern Ireland with one base being in Londonderry. He said the emergency out-of-hours social work service is provided across all social care, including family and child care, learning disability, mental health, physical health and disability, and older people’s services. It also provides an emergency response in relation to homelessness and finance on behalf of the Northern Ireland Housing Executive and Social Security Agency.
Mr Downey referred members to the detail of the report and associated appendices. He said the Western Trust was the lowest user of the regional service and that the highest number of referrals were in respect of family and child care including domestic violence.

Mr Downey assured members that he was content with the governance arrangements and the management of the day-to-day complexities of the regional service and commended the report to members.

Discussion took place on the report. Mr Downey confirmed that discussions were taking place with regard to a second base in the Western Trust’s area. During discussion regarding staffing, Mr Downey advised that the out-of-hours staff were supplemented by local staff over the weekend which provided local knowledge and ensured the model of service delivery was responsive and effective.

Mr Millar referred to a historical challenge in respect of handover to the regional service at 5.00 pm. He said that these issues had been resolved with enhanced co-ordinated working.

Mr Downey advised members that the regional service was working with IT staff in respect of IT systems and processes and said these areas were identified for future development as a priority.

Following consideration of the annual report, members unanimously endorsed it.

3/17/14

REVISED MAJOR INCIDENT PLAN

Mrs Molloy advised members that the Trust’s current Major Incident and Corporate Business Continuity Plans had been comprehensively reviewed in light of a number of incidents and the learning associated from them. She said the plans formed part of the Trust’s overall emergency planning and business continuity framework and are activated in conjunction with other incident specific plans depending on the nature of the incident.

Mrs Molloy advised that a number of workshops with acute and community service representation were held during 2016 to review the learning from formal debriefs that had taken place following major incidents over the last 3-4 years. Feedback from these workshops was provided to the Emergency Planning Strategic Forum in October and the group agreed that an overarching plan should be developed. Mrs Molloy said this plan, regardless of the incident, would provide guidance in relation to activation, escalation and command and control arrangements with divisions to reflect incident specific information required during a hospital, community or combined response.

Mrs Molloy said a comprehensive review of the Trust’s emergency response plans including Major Incident Plan for receipt of casualties and Emergency Support Centre Plan was undertaken. She added that a desktop exercise, which was
attended by multi-agency partners, was undertaken on 27 January 2017 to test the revised plan and this was a successful event.

Mrs Molloy advised that the revised plan was presented and approved by CMT on the 9 February 2017 and it was agreed that the plan would be titled “Major Incident Plan”. Mrs Molloy presented the Major Incident Plan to Trust Board for approval.

Mrs Woods queried the frequency for testing the Trust’s major incident plan. Mrs Molloy said that the overarching plan was tested annually and Directorate plans were tested more often. She also assured members that the Trust’s major incident arrangements were subject to controls assurance compliance testing.

Dr McIlroy referred to learning from desktop exercises. Mrs Molloy advised that automated messaging to staff groups has been identified along with the potential need for a sub level plan for the Gransha Park site given the number of facilities and services provided from the site.

The Chairman commended Mrs Molloy for a comprehensive plan.

Following consideration members unanimously approved the revised Major Incident Plan.

3/17/15
POLICIES

CCTV

Mrs Molloy referred to the above policy for approval.

The Chairman referred to paragraph 4.4 with regard to access to images by individuals. Mrs Molloy said that each case would be considered on an individual basis.

Following consideration members unanimously approved the Closed Circuit Television Surveillance System Policy.

3/17/16
OMAGH HOSPITAL AND PRIMARY CARE COMPLEX – TARGETED ENGAGEMENT AND OUTCOME ON CAR PARKING ARRANGEMENTS

The Chairman welcomed Mrs Maureen Kelly and Mrs Joanne Quinn, Facilities Management, to the meeting.

Mrs Kelly reminded members that in September 2010 the Trust considered and endorsed a strategic direction proposal on the provision of car parking on its hospital sites which included the introduction of paid for parking on all hospital sites including the new Omagh Hospital and Primary Care site. Mrs Kelly also referred to the Board
meeting on 1 September 2016 where members considered and approved the proposed car parking operational arrangements for the Omagh Health and Primary Care Complex and the agreement reached to proceed to targeted engagement.

Mrs Kelly advised that a 14 week targeted engagement process commenced on 3 October 2016 and closed on 9 January 2017. The engagement pack was sent out to 452 individuals, and there were 7 formal presentations made to community groups. Members were advised that the Trust received 12 written responses to the consultation and that the vast majority of the feedback received showed opposition to implementing car parking charges on the Omagh Hospital and Primary Care site.

Mrs Quinn advised that significant concessions/mitigations had been identified which would help ensure that those who were on low income or benefits and those attending the site very frequently and/or for lengthy periods of time would be able to access free parking, concessionary parking arrangements, or the Hospital Travel Costs scheme. She said that details of these are all available on the Trust’s internet.

Mrs Quinn advised that the Omagh Hospital and Primary Care Complex has provision for 50% more car parking spaces than what is currently in place at the facilities that are being replaced. She said the Trust has also agreed to fund a half hour Translink shuttle bus service from Omagh town centre to the OHPPC. She added that this service will be funded for 3 years with a review of service after 1 year.

Members were also advised that the Trust needs to implement traffic management arrangements and will introduce the new operational procedures to ensure car parking abuse is prevented, particularly the abuse of disabled parking bays.

Mrs Quinn advised that following discussion at the Corporate Management Team meeting on 23 February she was bringing 3 proposals for approval:-

- There will be 158 paid car parking spaces on the hospital site with 130 located at the public car park situated at the front of the hospital and the remaining 28 situated outside Urgent Care;

- 80p per hour charge rate for all 158 paid spaces;

- Implementation of the car parking operational procedures.

Mrs Quinn said that it was suggested that the proposals would be implemented in line with the hospital site opening in mid-June 2017.

Mrs Molloy commended Mrs Kelly and Mrs Quinn for their work in this area.

Mrs O’Kane raised a query with regard to concessionary car parking and how this would be communicated. Mrs Quinn advised that staff on wards would provide detail to patients and/or their families. She also said that information on concessionary car parking would be available on the Trust’s internet.
Mr Campbell referred to the shuttle bus and its funding. Mrs Kelly advised that the Trust was working with Translink in the development of the service and that it was anticipated that by the end of year 3 the service would be self-funding. She also advised that the service would be reviewed to consider usage of the service.

Following discussion members unanimously supported the proposals as outlined by Mrs Quinn.

3/17/17
**TENDER AWARDS**

There were no tender awards for consideration.

3/17/18
**TRUST FUNDS**

**Women and Children’s Directorate**

Mr Downey shared with members a proposal to fund 2 video laryngoscopes for use in the Neonatal Units in Altnagelvin Hospital and South West Acute Hospital. He said the equipment would benefit level 1 and level 2 babies who had been born prematurely.

It was noted that the laryngoscopes would be purchased from the Perinatal Fund and the W&C Services Ward Fund at a cost of £23,049 each.

Following consideration the requests were approved.

**Acute Services**

Mrs McKay advised members that the Trust had been awarded a grant of £9,974 from the Institute of Physics and Engineering in Medicines to fund a specialist workstation and other materials for developing a new radiotherapy treatment imaging technique. It was noted that this funding had been lodged into the Cancer Research Fund.

She advised members that unfortunately the costs had increased due to delays in the procurement process and the falling pound and that there was a shortfall in funding which was being proposed would be covered from the Cancer Research Fund. It was noted that the workstation will now cost £10,306.60 plus other materials which will cost between £3 - £5k.

Following consideration the request was approved.

**Primary Care and Older People’s Services**
Mr Corry Finn shared with members a proposal to purchase 10 syringe drivers and 10 locked boxes from the Palliative Care Fund costing £11,153.

Members were advised that there is an increasing demand for palliative and end of life patients to be treated at home to enable them to die at home with their families. The additional syringe drivers will be given to district nurses.

Following consideration the request was approved.

**Adult Mental Health and Disability Services**

Mr Millar shared with members a proposal to purchase replacement furniture for the Psychiatric Intensive Care area at Elm and Lime Wards at the Tyrone and Fermanagh Hospital costing £40,399.68.

Members were advised that the current furniture was aged and no longer conducive to the standards required. Mr Millar said that replacement stock that is fit for purpose in challenging environments is available from specialist providers and detailed the specific pieces to be purchased.

Following consideration the request was approved.

3/17/19

**ISSUES FROM THE PATIENT AND CLIENT COUNCIL**

Mr Dixon advised members that the Council’s report on end of life care would be brought to a subsequent meeting and he had no further issues for members.

3/17/20

**CONFIDENTIAL ITEMS**

3/17/21

**ANY OTHER BUSINESS**

There were no further items of business.

3/17/22

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 6 April 2017 at 10.00 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.
Mr N Birthistle
Acting Chairman
6 April 2017