Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 3 December 2015 at 10.00 am in the Denis Desmond Room, Trust Headquarters

PRESENT
Mr G Guckian, Chairman
Mrs E Way, Chief Executive
Mrs S Cummings, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Mr N Birthistle, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Mr J Campbell, Non-Executive Director
Mrs M Woods, Non-Executive Director
Mr J Lusby, Deputy Chief Executive
Mrs G McKay, Director of Acute Services
Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services
Mr A Corry Finn, Executive Director of Nursing/Director of Primary Care and Older People’s Services
Mr T Millar, Director of Adult Mental Health and Disability Services
Dr D Hughes, Medical Director
Mrs T Molloy, Director of Performance and Service Improvement
Mrs A McConnell, Director of Human Resources
Mrs L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE
Mrs M McGinley, Executive Assistant to Chief Executive
Mr O Kelly, Head of Communications
Dr R Sharkey, Consultant Physician Respiratory (agenda item 11/15/10)
Ms D Clifford, TYC (agenda item 11/15/10)
Mr W Doran, Assistant Director Facilities Management (agenda item 11/15/11)
Mrs J Quinn, Facilities Management Business Manager (agenda item 11/15/11)
CHAIRMAN'S BUSINESS

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

- On 10 November the Chairman was delighted to open an event showcasing the Western Regional Alcohol Prevention Project which also included the launch of the Alcohol Related Brain Damage (ARBD) Report.

Members were advised that through the Big Lottery Fund, the Trust received a grant of £1.198m for this Programme’s portfolio of projects. The Chairman advised that the WRAPP portfolio incorporated 6 community and voluntary sector projects and 1 Trust project. The WRAPP portfolio had also given the Trust the opportunity to take a closer look at alcohol related brain damage and its prevalence which will be invaluable in the planning of future services. The guest speakers on the day included Dr Michael McBride, Chief Medical Officer and Professor Kenneth Wilson, St Catherine’s Hospital, Liverpool.

- On 18 November the Chairman was delighted to be invited to launch a new service development and acknowledge the significant changes that are currently taking place in the Western Trust’s Respiratory service.

He said 18 November was also World COPD day. COPD, chronic obstructive pulmonary disease, is the respiratory disease with the highest morbidity and mortality rates. He added that approximately 23,000 people die from COPD each year and it is the second most common cause of emergency admissions to hospital and one of the most costly inpatient conditions to be treated by the NHS. Within the Western Trust in 2013, deaths due to respiratory diseases accounted for 16.2% of the total number ie 2% higher than NI average.

Members were advised that it was in consideration of demographic figures that Dr Sharkey and the Respiratory team embarked on a service redesign.

The Chairman advised that Dr Sharkey would be joining the meeting later to share this work in greater detail.

- On 20 November the Chairman was pleased to provide the opening remarks to the Trust’s Quality Improvement Event.

The Trust held a Quality Improvement Showcase to recognise and celebrate the self-initiated quality improvement work taken forward by Trust staff to improve services and outcomes for patients and clients. It was also used to promote the use of recognised methods to support staff in taking forward quality and safety initiatives which allowed staff to measure and demonstrate improvement. Members were advised that this year there was a section on
Quality Improvement Team Coaching and teams from 3 pilot areas provided updates on their progress. Posters were also displayed demonstrating improvement work.

The Chairman advised that the day included a number of guest speakers who presented in person or via video conference. Mr Steve Harrison, Head of Quality Improvement, Sheffield Microsystem Coaching Academy and Dr Amar Shah, Medical Director, East London Foundation Trust, provided examples of their quality improvement journeys. In addition, Dr Anne Kilgallen, Deputy CMO, ended the day with a presentation on ‘Making Life Better’, with international and local examples of quality improvement. The programme importantly also included patient perspectives and involved a dramatic input from the Lilliput Theatre Company.

- On 25 November the Chairman was pleased to welcome the Minister for Health, Social Services and Public Safety, Mr Simon Hamilton, MLA, to the Trust. Minister Hamilton visited the Trust’s Radiotherapy Centre to view progress being made on its construction and visited the Trust’s Cath Lab to see PCI first hand.

- The Chairman referred to the Trust’s Staff Recognition Awards ceremony on 2 December. He said again he was delighted the Minister was able to attend to present the Awards.

The Chairman was it was an uplifting and very worthwhile event where the efforts of individual staff members and Teams were recognised, having been nominated by their work colleagues.

The Chairman thanked McLaughlin and Harvey for their sponsorship of the ceremony.

The winners and highly commended in each of the categories were:-

**Leadership**
**Winner:** Helen Nutt and Lorraine Kee, Oncology Nurses  
**Highly Commended:** Allison Maclaine, Manager Support Services

**Support Worker**
**Winners:** Martin O’Neill, Support Services Assistant Altnagelvin Hospital and Paul Hegarty, Support Services, Oncology Ward Altnagelvin Hospital  
**Highly Commended:** Hilary Ewing, Laundry Supervisor South West Acute Hospital, Jayne Walker, Support Services Assistant Spruce House, Londonderry and Joan Lynch, Support Services Ward 6 Altnagelvin Hospital

**Improving Patient and Client Services**
**Winner:** Susan Bradley, Nurse Dermatology, South West Acute Hospital
Highly Commended: Nadene Aspel, Software Solutions Manager, ICT Department and Marieantoinette Durey, Brain Injury Nurse Specialist, Altnagelvin Hospital

Quality & Safety
Winners: Neil Black, Consultant Physician Endocrinology & Diabetes and Eileen Webster, Quality Development Manager, Family and Child Care
Highly Commended: Pelican Unit Team, Maybrook ATC and Paula Murray, Community Social Worker in Learning Disability

Patient and Public Involvement
Winner: Rossdowney Football Team, Londonderry
Highly Commended: Breige Leonard, Pulmonary Rehabilitation Nurse South West Acute Hospital, Ardnashee School Oral Health Team, Londonderry and Olive Young and Yvonne Cairns, Community Psychiatric Nurses

Team Award
Winner: Eating Disorders Team
Highly Commended: District Nurses Cityside and Srabane Day Centre

Behind the Scenes
Winners: Medical and Dental Education Centre and Mary K Kelly and Bernie Reid, Infection Prevention and Control Team, Altnagelvin Hospital.
Highly Commended: Energy Team Trust-wide and Colette Stewart, Higher Clerical Officer in the Condition Management Programme

The Chairman also advised that the Chairman’s prize had been awarded to Mrs Fiona Hughes, Head of Infection Prevention and Control.

The Chairman thanked the Communications Team for organising the awards.

- Concluding his report the Chairman referred to a list of events taking place across the Trust over the next number of weeks and encouraged members to attend at least one event.
  Finally, he wished everyone a very merry Christmas and a peaceful New Year.

11/15/2
CHIEF EXECUTIVE’S REPORT

Mrs Way advised that she would email her quarterly report to members however said that she would like a number of key issues for members’ information.
• From September the Community Respiratory Team has been operating 7
days per week accepting GP referrals for a number of services across the
Trust. Meetings with GP practices and NIAS have continued, endeavouring
to highlight the service model and develop future improvements to enable
patients to be treated at home or as close to home as possible in keeping with
TYC principles. Mrs Way also congratulated Ms Aspel who had been highly
commended at the Staff Recognition Awards for developing the ICT solution
to support this development.

• Members were advised that Mrs Bernie Michaelides, Head of Intermediate
Care, was part of a group of senior nurses in palliative care across Ireland
working on projects in conjunction with the All Ireland Institute for Hospice
and Palliative Care. This group has devised a much needed booklet for
patients and their families called ‘Palliative Care - Asking the questions that
matter to me’. Voices 4 Care and other patient/carers have been consulted
and they are delighted with the final product. This booklet was launched in
Dublin in October 2015.

• Mrs Way advised that 2 service users and a staff member from the Lilliput
Theatre Group travelled to Lithuania recently on a trip funded through the
Playhouse as part of the Caravan 2000 Project. The project enabled Lilliput
to display its role in promoting learning disabled adults skills within the world
of theatre and education. A further trip to Vienna is being planned as part of
the same project.

• From October 2015 a new service has been available to people aged 16
years and over with an Autism Spectrum Condition (ASC) who live within the
Trust’s area to provide advice, information and support for people with ASC’s
and their carers. Members were advised that this initiative includes input from
the Careers Service Northern Ireland, The Cedar Foundation, the Disability
Employment Service, the Educational Authority (Western Region), Libraries
NI, Northern Ireland Housing Executive, local Regional Colleges, the Social
Security Agency as well as the Western Trust.

• The Paediatric Psychology Service has identified a need to develop
information leaflets both for referrers and for the child/young person and
family referred to their service. The leaflet for referrers has been developed
and was ratified by various Paediatricians in the hospital and community and
this leaflet will help to clarify how to refer to the Paediatric Psychology Service
and the types of referrals that are appropriate. A second leaflet for use with
parents and young people is in development.

• The Health Improvement Department in partnership with the BME Forum
(Derry and Strabane) hosted a health awareness event on Saturday 17
October in St Columb’s Park House, Londonderry. A total of 125 participants
attended. Nationalities present included, Chinese, Polish, Russian, Filipino,
British, Irish, Northern Irish, Indian, English, Finnish, Egyptian, American, Scottish, Catalan and Kenyan. Over 20 agencies attended the event to promote health and wellbeing services. The presence of interpreters at the event helped significantly.

- During the quarter members were advised that the Western Trust responded to 196 media enquiries. 45% of the enquiries were responded to within the hour, 64% within four hours and 70% within eight hours.

- Due to the success of a pilot Teaching Fellow programme in medical education it was agreed to extended the opportunity to all ST3 plus trainees coming to the Trust. There were 17 applicants for 6 posts. The successful trainees will be awarded either funding to complete the QUB Certificate/Diploma Medical Education, which is facilitated in Altnagelvin or Belfast, or a course to the value of £2,000. Mrs Way said that Trust was very excited about this initiative and is convinced that these posts can greatly enhance the training experience within the Trust and attractiveness of our training posts.

11/15/3

**APOLOGIES**

There were no apologies received.

11/15/4

**DECLARATION OF INTERESTS**

Mrs Way referred to her briefing under Chief Executive’s Report with regard to the Lilliput Theatre Group. Mr Birthistle and she declared an interest as the Lilliput Theatre Group is funded through the Playhouse which they are board members of.

Mr Birthistle and Mrs Way advised that they had not been part of any discussions between the Lilliput Theatre Group and the Playhouse with regard to this project.

11/15/5

**MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting having been circulated were agreed as a true and accurate record of discussion.
11/15/6
MATTERS ARISING

There were no matters arising.

11/15/7
QUALITY AND SAFETY

Quality Improvement Monitoring

Dr Hughes referred members to an update as at October 2015. He advised that an improvement plan had been put in place to increase the number of audit returns being made in respect of VTE risk assessment and said that early indications showed a reduction from 10 to 5. Dr Hughes said enhanced support was being provided to wards to complete audits. He assured members that there was no clinical risk with this work but that it was about putting in processes to ensure audits are completed.

Members noted the performance outturn against pressure ulcers.

In respect of Fallsafe bundle Dr Hughes advised that his report would also provide the outcome data from January. He said this would provide context for the current information provided.

Infection Prevention and Control Update

Dr Hughes referred members to C-section surgical site infection (SSI) regional surveillance results on page 6 of his report. He advised that the Trust continued to achieve the highest compliance in the region with surveillance related documentation (100%), compared to a 78.3% average compliance rate in Northern Ireland. Dr Hughes said the surveillance demonstrated an ongoing reduction in infection rates over time with the current rate under 5% compared with a rate of over 5% for the rest of the region.

Continuing Dr Hughes referred to orthopaedic SSI surveillance results on page 8 of his report. He said the infection rate was considerably below 1% at 0.20%. He added that the results were based on 100% compliant information.

During the month of November Dr Hughes advised that patients and clients in a number of facilities across the Trust had experienced increased levels of diarrhoea and/or vomiting. He said this increase was related to a general increase in the community as a whole and assured members that the affected areas implemented swift and effective controls which had resulted in very timely resolutions in each situation.
Dr Hughes reminded members that the 2015/16 reduction target for *Clostridium difficile* associated disease (CDAD) was 48. The cumulative decrease so far this year is 7.04% and the Trust remains off profile against the target. Dr Hughes said the majority of cases were either healthcare-associated or acquired, although the quarterly findings of root cause analysis (RCA) meetings for April-June 2015 showed that one case was thought to be avoidable. Dr Hughes said some challenges continued to exist with reaching full compliance with care required for patients diagnosed with *C. difficile* and said these issues were addressed by sharing the findings and learning from RCA meetings and regular reviews of patients with the multi-disciplinary infection prevention team.

Dr Hughes referred to the reduction target for Methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemia in 2015/16 which is nine. He said there have been 7 cases to date this year which is a cumulative decrease of 12.5%. He added that this target included community-associated infections and said 5 of the 7 cases reported occurred in patients who had no contact with Trust facilities or teams, resulting in an off profile picture for the Trust.

Dr Hughes also advised that all acute wards not receiving enhanced support in Altnagelvin Hospital and the South West Acute Hospital (SWAH) had recently been audited to monitor compliance with the Trust MRSA Guidelines. He said that where there was non-compliance, education had been provided. Members were advised that initial findings had been reported through the Trust’s Safe & Effective Care Meetings and the final report would be tabled at Directorate Governance meetings during December. The updated final report, including findings for wards receiving Enhanced Support, would then be tabled at the Chief Executive HCAI Accountability Forum in January 2016. Dr Hughes said this work was part of an overall strategy to help reduce avoidable MRSA infections.

Dr Hughes concluded by stating that the IPC Nursing Team is continuing to support improvement in 8 wards with findings being fed back directly to the Nurse in Charge on the day support is delivered. Written reports, including exit audit findings, are currently underway. Patient questionnaires asking about staff hand hygiene practice are also distributed on wards where improvement work is being undertaken and to date those findings have been positive.

**Environmental Cleanliness Update**

Mr Corry Finn referred members to the outturn of the environmental cleanliness audit report for October 2015.

In respect of bi-monthly audits, members were advised that audits had been carried out on all wards/departments and no audit had scored less than 75%. He said however there were 3 areas which had not carried out the audit as per the standard of 2 audits per month.
In moving to quarterly and 6-monthly audits members were advised that no audit had scored less than 75% however they were advised that there were a number of audits to be completed during the period.

**Corporate Risk Register and Board Assurance Framework**

Dr Hughes referred members to the Corporate Risk Register and Board Assurance Framework within members’ papers. He said there were 34 corporate risks as agreed by Governance Committee on 23 September. He added that there were no amendments to the Corporate Risk Register and while risk ratings had been reviewed there were no proposed changes.

**11/15/8**

**FINANCIAL PERFORMANCE REPORT FOR MONTH 31 OCTOBER 2015**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 October 2015 contained in the papers.

Mrs Mitchell reminded the Board that the Trust had agreed a financial plan with the HSC Board which projected a year-end deficit for 2015/16 of £3.8m and went on to advise that as part of this work agreement had now been reached to provide one off temporary funding amounting to £3.8m to allow the Trust to breakeven.

In addition, Mrs Mitchell advised that the HSC Board had provided £1m non-recurring funding to contribute to the increasing costs being incurred in-year in respect of medical locums and Looked After Children.

Mrs Mitchell advised that Board that she had carried out a mid-year review of the financial plan which had been presented at the Finance and Performance Committee at its meeting held on 1 December 2015. This review had confirmed that the Trust should project a breakeven position for the year-end subject to the 2015/16 savings plan of £11.4m being delivered in full and any further unavoidable pressures being managed within budget.

Mrs Mitchell referred to the assumption contained with the financial plan of generating £6m of income slippage and advised that this continued to be a risk however she would keep this under review over the coming months.

Mrs Mitchell advised that the Trust is reporting a deficit of £958,000 for the 7 months ended 31 October 2015. She explained that the position reflected the additional funding received from the HSC Board during the month.
Mrs Mitchell emphasised that although the Trust is now planning to breakeven there is a requirement on the Trust to develop a recurrent breakeven plan by 31 March 2016.

Mrs Mitchell referred to Tables 1 and 2 and advised that there is slippage on the savings plan amounting to £756,000 and overspending pay and non-pay budgets of £202,000. She then referred to Table 3 which outlines the financial performance by Directorate and highlighted that all Service Directorates had improved their positions compared to the previous month mainly due to the additional income received.

Mrs Mitchell referred to Table 4 and highlighted that 72% of the total expenditure on agency staff relates to medical staff.

Mrs Mitchell directed members to Table 6 which documents an improved position in respect of the contingency plan. She also referred members to Table 7 which records the position at month 7 in relation to the development and delivery of savings plans.

Mrs Mitchell highlighted Section 7 on recurrent balance and the progress being made.

The Chairman welcomed the additional funding of £4.8m allocated by the HSC Board and stated that this was an acknowledgment of the financial pressures being faced by the Trust.

Mr Birthistle commented that the financial report was reporting a positive position however he urged that additional funding would be needed to help the position further.

Mrs Way referred to the £47m non-recurring allocation announced by the Minister in relation to bringing down waiting lists.

Mr Campbell welcomed the allocation of £3.8m from the HSC Board which allows the Trust to report a breakeven position. However, he emphasised that there was still an issue in relation to the shortfall in the delivery of the savings target and ongoing cost pressures. He referred to the substantial progress being made in relation the closing the contingency plan gap.

The Chairman concluded by reminding the Board that the key challenge now for the Trust was the move towards recurrent balance.
Mrs Molloy referred members to the performance management report for the period ending October 2015.

Mrs Molloy referred to the Trust’s continued excellent performance on cancer services. She said performance against the 14 day standard had been 100% with no breaches during October 2015, and alerted members to the increased demand on this service and the steps being taken to deal with this demand. She advised members that there was a significantly increased risk of breach of the 14 day standard as a result.

She advised that in respect of the 31 day standard the Trust’s performance had been 99% with one patient breaching the 31 day standard.

In respect of compliance against the 62 day access standard the Trust’s performance in October had been 92%. Mrs Molloy advised that there were 4 breaches in respect of the 62 day standard in urology, lung, gynae and upper GI. Mrs Molloy advised that review of Inter Trust Transfer issues were now being prioritised for 2016 as requested by Western Trust, in respect of the 62 day access standard performance.

Members were advised that during October 90% of hip fracture patients received inpatient fracture treatment within 48 hours (against the standard of 95%) with 3 breaches. Mrs Molloy outlined the reasons for the breaches.

Mrs Molloy advised that the fracture service continued to try to treat fracture patients within 48 hours and did not give priority to hip fractures, and that the service was continuing to manage operational pressures such as delays in discharge and access to side rooms.

In relation to unscheduled care, Mrs Molloy advised that during October 2015, 5 patients waited longer than 12 hours in ED. She advised that the 5 breaches had occurred on 26 October when there were 24 delayed discharges reported on that day and significant pressure on bed availability due to bed closures in Gynae wards. Mrs Molloy also advised that 4 hour performance had decreased compared to the same period last year for the Trust and pointed particularly to the deterioration in SWAH performance against the 4 hour standard which is affecting the overall performance level for the Trust.

Members were briefed on the increased level of ED attendances for both hospitals and that for the period April – October 2015 there had been 32,688 new attendances to Altnagelvin Hospital’s ED an increase of 1,558 on total attendances compared to the same period last year, while SWAH had remained relatively stable.
In respect of regional comparison Mrs Molloy said the Trust was consistently one of the best performing Trusts in the region against the 12 hour standard for the period April 2014 – September 2015.

Mrs Molloy advised that from 31 January Altnagelvin’s ED would revert to 4.8WTE consultants following the resignation of the latest recruited consultant.

Mrs Molloy advised that winter plans had been submitted, which focussed on establishing planned escalation beds within the available financial allocation. She advised that the Trust would also wish to establish additional domiciliary care packages, nursing home packages and paediatric support if funds became available. She said that the Trust had received an allocation of £600k from HSCB to date. An additional bid to the HSCB has been developed for community support and resource for paediatric short stay assessment.

Continuing with elective access for outpatients, members were advised that against the standard that 60% of patients should wait no longer than 9 weeks for their first outpatient appointment, the Trust’s position at end of October 2015 had been 41% with 16,470 patients now breaching the access standard. Mrs Molloy advised that patients would continue to wait longer than the 9 week standard due to capacity gaps across a range of specialties which were well understood by the Commissioner. In addition the Trust was not attaining its core contracted performance at this point in the year, but she explained that this was not unusual given the pattern of previous years during the holiday period, reflected in the evidence from the same period last year. Mrs Molloy however said she was pleased that the HSCB had given the Trust additional funding to undertake waiting list initiative (WLI) work across a number of specialties. Mrs Molloy said that while the Trust continued to be challenged in meeting this standard the Western Trust remained the highest performing Trust in Northern Ireland against the ministerial standard.

Mrs Molloy advised that the Trust has agreed a range of areas which will be taken forward as an InHouse (IH) waiting list initiative, and that this has been targeted at areas of highest clinical risk. She said that this would focus on patients in the current review backlog across specialties, and outpatient appointments, particularly for urgent referrals and those patients waiting more than 52 weeks. In additional Mrs Molloy advised that the additional funding will address the waiting times for significant numbers of patients awaiting appointments in ENT, general surgery, neurology and oral surgery.

In relation to elective access for inpatient/day case performance against the standard that 65% of patients should wait no longer than 13 weeks for treatment was 50% with 5,675 patients breaching the access standard. Mrs Molloy said that the core commissioned service was not matching demand in a number of specialties due to significant capacity gaps. In addition there are growing
numbers of long waiting patients in some specialties and the detail of those most affected had been presented to the Finance & Performance Committee. Again Mrs Molloy referred to waiting list initiative work being undertaken and advised that due to pressures on theatre capacity and inpatient beds there would be limited capacity for additional inhouse WLI work, and as a result this would focus on patients whose treatments were classified as clinically “urgent”.

Mrs Molloy referred to acute core capacity against Service and Budget Agreement and said that the Trust’s position at end of October 2015 was -2.5% in respect of elective inpatient/day cases; -7.4% in respect of new outpatients; and -3.1% in respect of review outpatients which was a lesser position than the same period last year. Mrs Molloy referred to the steps which would ordinarily be taken to undertake additional work to support the core position at this time of year, and that these had been constrained during September due to the requirements of the Trust’s financial plan. The Trust had subsequently agreed additional targeted funding for some specialties to improve core performance, which would come into effect during the rest of the year.

Mrs Molloy outlined to members the Trust’s continued excellent performance against the ministerial standards for diagnostics performance. She said the Trust’s outturn against the standard that no patient should wait longer than 9 weeks for a diagnostic test was that there were 109 patients waiting longer than 9 weeks – a decrease to the number of breaches in the previous month. Mrs Molloy advised that the majority of these patients were related to audiology, where workforce issues had been previously briefed to the Board, and were being addressed. She pointed to the excellent performance in respect of imaging and that the Trust remains the best performing Trust in diagnostic services.

Mrs Molloy referred to endoscopy and said that 147 patients were waiting more than the 9 week standard at end of October 2015 – a decreased number for breaches from the previous month. Mrs Molloy advised members that the HSCB had provided additional funding to continue to support the maintenance of the 9 week position, but that at the current demand the Trust would not attain the 9 week standard and that the Trust remains in discussion with HSCB to secure additional support.

Mrs Molloy referred to Children’s Services and said that for October 2015 the Trust had achieved the standard that all child protection referrals are allocated within 24 hours of receipt and all initial assessments completed within 10 working days. She said that at end of October 2015 there were 552 ‘Looked after Children’. Mr Downey advised that this area would continue to form part of the ongoing discussions with the Commissioner as the Trust is funded to support 523 Looked After Children, and this growth is presenting a considerable pressure to attain the increased levels of service, and meet the financial plan.
Mrs Molloy referred to autism assessment. She said at end of October 2015 there were 203 children breaching the 13 week target for assessment and 3 children breaching the 13 week target for treatment. Members were advised that regionally there were 1,229 children breaching the 13 week target for assessment and 66 children breaching the 13 week target for treatment. Mrs Molloy advised that a visit to the Autism Service in the Southern Trust had taken place on 20 November and there was significant learning from this visit. Mrs Molloy also advised that the Trust had received a non-recurring allocation of £50k from the HSCB and plans were being developed to carry out waiting list initiative to reduce Trust waiting times. Mrs Molloy advised that HSCB is progressing a regional review assessment processes and protocols and the Trust will actively participate in this review.

Mrs Molloy took members through the outturn against Primary Care and Older People’s performance across a range of standards for its Directorate. She said at end of October 2015, the dementia service had no patients breaching, a continued excellent performance for the service. In respect of Care of the Elderly members were advised that 10 patients were breaching the 9 week target.

Continuing Mrs Molloy referred to the Trust’s performance against the stroke target administration of lysis. She said that performance had increased slightly in October to 35% (monthly target 13%). She added that overall the cumulative figure for patients lysed stood at 14.2% and this was a clinically triaged service which depended on the mix of patients presenting.

Mrs Molloy highlighted to members the waiting times position for Allied Health Professional Services at October 2015. She said at the end of October Dietetics longest waits had reduced to 42 weeks. She added that he longest wait for AHPs was now with Speech and Language Therapy at 77 weeks, and that the longest waits related to LD specialist service requirement. Demand/capacity exercises across all services have been concluded and additional resources are being operationalised.

Mrs Molloy advised that her staff were working with the service to carry out a chronological management analysis across AHP services and early indications from initial analysis were showing possible opportunities to improve waiting times in some service areas.

Mrs Molloy shared performance outturn for Mental Health & Learning Disability Service. She outlined to members that at the end of October 2015, 49 patients waited longer than 9 weeks to access child and adolescent or adult mental health services. Mrs Molloy advised that there was clear evidence of increasing demand and increased emergency referrals. It was also noted that the service was experiencing a high level of sick leave, which affected capacity. A recovery plan has been developed to achieve a zero breach position by end of March 2016. Mrs Molloy also advised that her staff and some staff from CAMHS were
planning to visit the Northern Trust to assess the pathways for patients in its CAMHS model.

In respect of mental health services members were advised that the number of patients waiting longer than 9 weeks to access mental health services had continued to decrease and was now 16 patients.

In relation to psychological therapies members were advised that the number of patients waiting longer than 13 weeks to access psychological therapies had increased slightly to 82 patients. Mrs Molloy advised that following discussions it had been agreed that the service would work towards the waiting time position returning to 13 weeks by the end December 2015 but that the ongoing financial constraints may impact this.

In moving to performance against hospital discharge Mrs Molloy advised performance within Mental Health was 99% of all discharges took place within 7 days of the patient being assessed as medically fit for discharge. In respect of Learning Disability members were advised that 50% of all discharges took place within 7 days of the patient being assessed as medically fit for discharge.

In respect of discharge from acute hospital it was noted that 79% of all complex discharges took place within 48 hours and that the position continued to deteriorate during this month. Mrs Molloy advised that 96% of all non-complex discharges from an acute hospital took place within 6 hours of the patient being assessed as medically fit for discharge, a continued strong performance. Mrs Molloy said that the issue of delays to discharge continued to receive significant focus within the Trust.

Mrs Molloy gave a summary of her presentation. She said that significant challenges remain in unscheduled care pressures moving into the winter months. She said there were significant challenges in maintaining core performance while adhering to Trust Financial Plan across all Directorates. She referred to waiting list initiative funding which had been received and said activity would commence using in-house resources, and that preparations for the allocation of work to IS were well advanced.

Mrs Molloy reminded members that no progress had been made on additional recurrent funding for elective specialties with capacity gaps. She said that specific areas required recovery planning, and this was being taken forward on specific services.

Members noted the update briefing on TYC which had been provided as normal.
11/15/10

RESPIRATORY PATHWAY

Dr Rose Sharkey, Consultant Physician Respiratory, and Ms Deborah Clifford, TYC, were welcomed to the meeting and invited to make a presentation.

Dr Sharkey thanked members for the opportunity to attend the meeting. She said the aim of the service developments in the respiratory service had been to redesign and implement a new respiratory pathway across the Trust in line with TYC principles. She said that this had required a comprehensive review and overhaul of the Trust’s respiratory service.

Dr Sharkey shared with members an overview of her project. She described phase 1 which had concentrated on developing the vision for a revised patient pathway which looked at keeping the patient at home as opposed to a hospital admission. She shared with members the impact of this in respect of new outpatients seen and review patients, outreach clinics, virtual/telephone clinics, email consultations, inpatients and the reduction in length of staff. She said that as a result of demographic funding secured she was able to recruit a consultant for the service.

As part of Phase 1 Dr Sharkey said a review of the oxygen waiting times had taken place. She said this work had seen a substantial decrease in the waiting times which are currently Altnagelvin 6-8 weeks; TCH 3 weeks and SWAH 2 weeks. She said that the first community O2 assessment clinic is planned for Omagh in January 2016. Again she said through demographic funding the Trust had been able to secure 2 additional nurses to support this work.

Dr Sharkey also referred to the Specialist Respiratory Pharmacist. She said that over a period of 6 months clinics held with 658 patients in 14 GP practices in the Northern sector had taken place. She said that prior to the review unplanned hospital admissions had been 8.5% and following the review unplanned hospital admissions had reduced to 2.8%. She said there were enhanced patient satisfaction and a projected annual drug savings of £244k.

Ms Clifford referred to Phase 2 of the project. She said it saw the establishment of a community respiratory service which went live on 15 June 2015. She said the service worked 7 days per week and had 3 teams dealing with patients who have COPD, asthma, bronchiectasis or ILD. She said GPs and NIAS can refer directly to the service. For the period August – October 2015 the service had had 2,684 face to face contacts, 249 new patients referred to them and undertaken 615 telephone reviews. The hospital readmission rate was 9.6%.

In respect of GP engagement and education Ms Sharkey advised that in April 2015 an overview of the new pathway and outline of the community respiratory service had been shared with GPs across the Trust’s area. She said GPs have
been made aware of the service, referral methods, contact details and that feedback to date has been overwhelming positive.

Ms Clifford said feedback from GPs and MDT meetings had highlighted the need for a single source of referral and this led to the development of a Clinical Communications Gateway. She said that in the 9 weeks since its establishment there had been 64 referrals for services such as the community respiratory team, pulmonary rehabilitation, oxygen and other services. Again Ms Sharkey said feedback from GPs was very positive.

Dr Sharkey referred to the ambulatory respiratory pathway and said a number of pathways had been developed in respect of COPD, community acquired pneumonia, pulmonary embolism, bronchiectasis, pleural effusion, asthma or pneumothorax. She shared the flowchart for NIAS paramedic response to 999 calls and said the Trust was the first in Northern Ireland to have established this with NIAS.

Referring to next steps Dr Sharkey said that over winter 2015 she would measure the impact of all the new services. She said that she would also examine and develop opportunities to develop services and maximize opportunities with new services such as OPAL. She said she would also share learning with other specialties. She said that she would also continue to develop a Respiratory Strategy for the Trust.

Concluding her presentation Dr Sharkey referred to challenges moving forward including the resources needed to ensure success and the ability to recruit the right staff to deliver a quality service.

The Chairman thanked Dr Sharkey and Ms Clifford for their presentation. He said as mentioned earlier he attended the launch of the Community Respiratory Service and encouraged the learning of this work to other specialties and asked Mrs McKay to take this forward. He referred to Ms Aspel being highly commended at the Staff Recognition Awards for her role in providing an ICT solution to support the service change.

Mr Birthistle said this was TYC as its best. Mr Corry Finn supported this view and said that as someone who was responsible for both acute and community services there was real learning for his services.

Mrs McKay said she was very proud of the service change and said patients were benefitting from the changed service. Mrs Way said that Dr Sharkey deserved recognition regionally for her outstanding leadership in this work. Dr Hughes commended Dr Sharkey for her work in this service development and said she was also an excellent trainer and educator.
Mr Kelly referred to the recent article posted on the Trust’s Facebook site on this and said that the story had attracted over 7,000 views. He said thanked the media for their coverage of the service development also.

Dr Sharkey thanked members for their positive comments. She said however that Ms Clifford had been the driving force and had given her the courage to change the service.

11/15/11

REVISED CAR PARKING OPERATIONAL PROCEDURES FOR ALTNAGELVIN AND SOUTH WEST ACUTE HOSPITALS SITES

The Chairman welcomed Mr Will Doran, Assistant Director Facilities Management and Mrs Joanne Quinn, Facilities Management Business Manager, to the meeting. He reminded members of previous discussion in April and the agreement that further work would be undertaken on the procedures. He also said that members were thoughtful on the use of an external provider to manage the Trust’s car parks. The Chairman said government policy was to introduce charging for some car parking spaces and today’s discussion was not about fees but about the control and accessibility of car parking. The Chairman reminded members that there are concessions in place for frequent attenders to the hospital.

Mr Doran thanked members for the opportunity to attend the meeting today. He said that the purpose of the presentation was to:

- Detail the purpose of car parking controls;
- Recap on original draft procedures;
- Trust Board discussion points in April 2015;
- Other Trust models and controls;
- Principles in HTM 0703 – NHS Car Park Management 2015;
- Revised procedures and operational model proposed;
- Option assessment – in-house versus contracted in;
- Implementation plan; and
- Recommendations

Mr Doran said the purpose of car parking controls was to support users in accessing hospital sites by managing abuse of car parking facilities. He said it they are to protect disabled car parking spaces, protect emergency blue light routes and to reduce congestion from circulating traffic.

Mr Doran recapped on the proposals shared with members in April:

1. Further stakeholder engagement would be undertaken;
2. Further analysis of car parking complaints;
3. Additional car parking capacity/demand audits would be undertaken;
4. Mitigation measures for community staff in SWAH would be examined;
5. An assessment of other Trust models would be considered; and

He said following discussion a number of actions had been agreed:-

1. Mr Doran advised that the Patient and Client Council undertook a survey on the Trust’s behalf. He said that 5,000 questionnaires had been sent out however only 10-12 responses had been received. It was noted that the responses were generally supportive. He added that the proposals had been shared with the Trust’s Patient and Service User Experience Group and it welcomed the management of disabled and drop off spaces and were generally supportive of the Trust’s proposals. Also, the proposals were shared with the Trust consultation group in November and it was supportive of the need for traffic management, it felt the capacity analysis of sites was reasonable however it felt the full parking charge notice fee too high for lower paid staff.

2. Mr Doran advised members that 17 formal complaints had been received in the period January 2014 – October 2015. He said 70% related to abuse of disabled parking bays and lack of Trust management. He added that 30% related generally to insufficient parking provision.

3. Mr Doran shared with members the outcome of a capacity analysis on both the Altnagelvin Hospital and South West Acute Hospital sites. He said that on the Altnagelvin site 5 capacity analyses had been undertaken and the results showed that at peak times there was a demand for 125-175 more spaces above capacity. At SWAH 4 capacity analyses had been undertaken and the results showed that there was sufficient capacity at all times.

4. Mr Doran referred to the issue of community staff transferred to the South West Acute Hospital. He said a 6 week staff diary analysis had been undertaken which showed that staff were returning to SWAH between 3.30 pm and 4 pm and approximately 60 staff were affected. Mr Doran proposed to give these staff access to paid spaces free of charge after 3.30 pm (if no free spaces are available available) and he was proposing that this would be managed by health of service/team manager.

5. Mr Doran said that he had looked at other Trust Models in respect of car parking controls. He said that the majority of Trust had control measures in place with parking charge notices used predominantly and clamping not predominantly used. He said a contracted in element of service provision is widely used. He referred to Health Technical Memorandum 0703 in respect of car park management, Mr Doran said the guidance does not allow contracts to be let on the basis that incentivizes additional charges. He said guidance stipulates that controls should only be applied following reasonable efforts and focus should be on better management controls.
Mr Doran said in light of the above findings the original proposed car parking operational procedures had been revised. He proposed to members that Trust management would retain full decision making on application of all control measures. He said the Trust would contract with a licenced provider to manage the car parks and the clamping of any vehicle would be removed. He said as a result of the car parking audit he was proposing that the application of control measures would be applied only to part of the Altnagelvin Hospital site however they would be applied be to the whole of the South West Acute Hospital site. Mr Doran assured members that the enforcement of control measures would not constitute a source of income for the licenced provider. Mr Doran said the revised procedures would see the introduction of a parking charge notice of £40 which would be reduced to £20 if paid within 14 days.

Mr Doran outlined the revised control measures for cars parked incorrectly on both sites. He took members through the areas and routes that would be protected within the designated areas and outlined when an unauthorized parking notice, a parking charge notice and when a vehicle would be towed away. He assured members that vehicles would only be towed away if they were parked in and blocking critical areas such as Emergency Department drop off areas.

Mr Doran continued to outline the proposed implementation of the revised car parking procedures. He said as SWAH had sufficient car parking capacity there would be full implementation on the site. He said operating times would be Monday – Friday 8 am – 4 pm. In respect of the Altnagelvin Hospital site Mr Doran said that as there was insufficient parking capacity on the site he was recommending that 70% of the site would be managed. He said operating times would be 7 days per week 8 am – 9 pm. Mr Doran shared with members a site map of both sites to show the application of the procedures.

Mr Doran outlined to members options to take forward the implementation of the procedures. He said that the preferred option was option 2 a mixed service delivery option, use of a licensed and registered operator while the Trust would retain full management decision making. He said the projected increase in the utilization of existing paid spaces would make this option cost neutral.

Mr Doran outlined a timetable for implementation if approval was given which would make implementation of the procedures taking place between April – May 2016.

Mr Birthistle believed that all the steps were reasonable and asked how would the Trust enforce the fines? Mr Doran advised that the Trust’s legal advice is that the Trust requires an appropriate registered provider to do this. He said these bodies are able to access vehicle keeper details and the licenced provider will do this. Mr Doran reminded members that if payment is made within 14 days the parking charge notice would be reduced to 50%.
Mrs O’Kane thanked Mr Doran for this very clear presentation. She questioned why the Trust could not manage the car parks itself but accepted the need for a licenced provider.

Mrs Doherty referred to the availability of car parking spaces at the SWAH. She referred to an occasion where it was impossible to get either a paid or free parking space. Mr Doran referred to his analysis and said that he was confident there was sufficient spaces for demand. Mr Lusby said that in his experience there are spaces available but they are available further away from the hospital’s entrances. It was accepted that on the basis of the analysis no staff member should have to pay for a car parking space.

Mrs Doherty also referred to the abuse of disabled parking bays. Mr Doran said the revised parking procedures very clearly sought to protect these spaces.

Mr Campbell asked about the payment of fines. Mr Doran said the Trust would implement the procedures so that staff and members of the public are aware you cannot park illegally on the either hospital site. He said that the procedures would be reviewed.

Following consideration members unanimously supported the recommendations as outlined in Mr Doran’s presentation.

Mrs Molloy took the opportunity to thank Mr Doran and Mrs Quinn for all their work in bringing this issue to a conclusion.

11/15/12

POLICIES

- Food Hygiene and Safety
- Zero Tolerance & Security
- Health and Safety
- HIV and AIDS: Protection Against Blood Borne Viruses in the Workplace
- Disinfection and Decontamination (Patient Care Equipment)
- Exposure to Body Fluids and HIV Post Exposure Prophylaxis

Following consideration the above policies were unanimously approved by members.

Mrs Doherty said she had some points in respect of the Food Hygiene and Safety Policy but that she would address this outside the meeting.

It was also agreed in respect of the HIV and AIDS: Protection Against Blood Borne Viruses in the Workplace policy that names would be removed and that reference would be made to posts only.
Mr Downey thanked members for the opportunity to present his mid-point report in respect of Delegated Statutory Functions for the period 1 April 2015 – 30 September 2015.

Mr Downey reminded members that the Health and Personal Social Services Order (NI) 1994 requires the Trust to specify how it will discharge its delegated statutory functions. He said clear lines of accountability and quality assurance were demonstrated clearly throughout the DSF report. He said the report gave a midyear assurance of steady progress being made and outlined a work plan to address emerging issues.

Mr Downey advised members that Internal Audit carried out an audit assignment on DSF and provided a satisfactory assurance in relation to the discharge of statutory functions by social workers. He said the audit demonstrated that there was an overall adequate and effective system of governance, risk management and control.

Mr Downey highlighted to members key outcomes as detailed for the reporting period:-

- There has been a decrease of 54 unallocated cases within Family Intervention Services since March 2015. Mr Downey paid tribute to the social workers in family and child care for this outturn.

- Children on the child protection register have decreased within the last 6 months by 10%.

- The Trust has seen the appointment of a Drugs Specialist Worker in August as well as additional funding in this area. Mr Downey said the Trust had encountered difficulties especially with regard to legal highs and this was a very welcome appointment.

- Team health checks are in place across all adult social work services.

- The number of unallocated cases should reduce by approximately 25% with the implementation of phase 1 of service reform in adult learning disability.

- The Directorate has undertaken a review of hospital social work within the community/hospital service improvement pathways project.
Mr Downey said significant activity had taken place in respect of professional development. He said a coaching and mentoring programme for senior social work leaders had commenced and self-directed support training had been carried out at levels 1 and 2 Trust wide. Mr Downey said one of the criticisms of social workers has been that they are too office based and as a result a regional initiative has been embarked upon looking at reducing unnecessary bureaucracy. Research and continuous improvement strategy has been implemented.

Mr Downey referred to highlights within his report and began with children in need. He outlined the trend of children in need from March 2008 to the current reporting period. He said that figures up to March 2015 included CAMHS and that at October 2015 there were 5,000 children classified as in need. Members were also advised that 1,408 cases were closed from 1 April 2015 to 30 September 2015 which indicated significant activity.

Mr Downey advised that there were 268 children as at 30 September on the Trust’s Child Protection Register. He said there were 84 admissions to the Looked After Children during the reporting period and 47 of these were previously on the Child Protection Register. Mr Downey shared the trend of registrations, de-registrations and number of registrations which were re-registrations on the Child Protection Register and said that Trust’s level of registrations which were re-registrations was the lowest in Northern Ireland. Members were advised that for 2014/15 there were 173 registrations; 31 registrations which were re-registrations; and 283 de-registrations.

Continuing with Looked After Children Mr Downey advised that at 30 September 2015 there were 552 Looked After Children in the Trust. He said this was a 5% increase in Looked After Children for the same reporting period last year and a 38% increase since March 2011.

Mr Downey referred to current and emerging issues within Women and Children’s Services. He said 75% of Looked After Children are accommodated in foster care and the Trust has seen an increase in the number of kinship placements. He said unregulated kinship placements of young people were on his risk register. He said there was pressure on the Fostering service to meet demand. Members were advised that since the last reporting period significant work had been undertaken in respect of early year registrations and inspections.

Mr Downey said his services were seeing an increasing number of children and young people with complex needs. He said there was a 42% increase in referrals to Children’s Disability services resulting in increasing demand for sensory and behaviour assessments.

Mr Downey said his Directorate was facing challenges in respect of the increasing demand for short breaks for both Avalon House and the Cottages. He
said there was a waiting list for autism assessments and his Directorate was not able to meet the PFA target for CAMHS assessment.

Continuing with Adult Mental Health and Disability Services, Mr Downey outlined the current and emerging issues. He referred to unallocated/unmanaged cases in the Adult Learning Disability programme and Mr Millar advised that the sub-directorate had currently 8 trainee social workers who are only able to take on a restricted workload. He said 2 social workers were about to qualify which would mean they could take a larger caseload. Mr Millar said that the unallocated cases had reduced to 30 and said that he was confident this would be reduced to zero by year end.

Mr Downey referred to other issues which included community placements to meet complex needs, social care supports infrastructure, high cost packages for clients with complex needs and adult safeguarding pressures.

Mr Downey continued with the Primary Care and Older People’s Directorate. He said current and emerging issues included professional supervision gaps due to sick leave and retirements. He said there were a small number of unallocated cases emerging and referred to an audit and review in respect of social work caseloads. Similarly Mr Downey said the Directorate was experiencing pressures in respect of adult safeguarding.

In concluding Mr Downey commended his report to members. He said he had bi-monthly update meetings with Social Work leads following recent DSF debrief meeting in September. He added that the Excellence in Community Care was driving service improvement across all Programmes of Care and he was engaged in local action planning with Commissioners on a monthly basis. He said that each Directorate has DSF as a standing item on its Senior Management Team meetings.

Mr Downey was thanked for his very informative presentation.

11/15/14

**BUSINESS CASE FOR THE REPLACEMENT OF SERVER AND STORAGE INFRASTRUCTURE**

Mrs Molloy shared with members a business case for the replacement of server and storage infrastructure for approval.

Following consideration the business case was unanimously approved by members.
11/15/15
NAME OF FUTURE ONCOLOGY SERVICES AT ALTNAGELVIN HOSPITAL

This item was deferred to a future meeting.

11/15/16
TENDER AWARDS

There were no tender awards for consideration.

11/15/17
TRUST FUND

There were no Trust Funds for consideration.

11/15/18
CONFIDENTIAL ITEMS

11/15/19
ANY OTHER BUSINESS

There were no further items of business.

11/15/20
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 January 2016 at 10.00 am in the Denis Desmond Room, Trust Headquarters, Altnagelvin Hospital, Londonderry.