Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 2 April 2015 at 10.00 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry

PRESENT

Mr G Guckian, Chairman
Mrs E Way, Chief Executive
Mrs S Cummings, Non-Executive Director
Mr N Birthistle, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Mr B McCarthy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Mrs B Stuart, Non-Executive Director
Mr C Mulgrew, Non-Executive Director
Mr J Lusby, Deputy Chief Executive
Mr T Millar, Director of Adult Mental Health and Disability Services
Mrs G McKay, Director of Acute Services
Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services
Mr A McKinney, Medical Director
Mrs T Molloy, Director of Performance and Service Improvement
Mrs A McConnell, Director of Human Resources
Mrs L Mitchell, Director of Finance & Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs M McGinley, Executive Officer to Chief Executive
Mr O Kelly, Head of Communications
Mrs A Witherow, Assistant Director Nursing
Mr W Doran, Assistant Director Facilities Management
Mrs J Quinn, Facilities Management
Mrs M O’Neill, Assistant Director Performance & Service Improvement

4/15/1

CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the April Trust Board meeting in Londonderry. He advised that Mrs Stuart, Mr Mulgrew and Mr McCarthy, Non-
Executive Directors had had their terms of office extended to end of July 2015. He said that a recruitment exercise for a Chair and Non-Executive Directors was imminent and that he would keep members advised of developments in due course.

The Chairman referred to a report of his business from the last meeting.

- During the past month the Chairman said Trust staff had again enjoyed recognition for their hard work.

Members were advised that patients nominated the diabetes nurses in both adults and paediatrics in Altnagelvin Area Hospital and the community diabetes specialist nurses for the “Women of the Year” competition in the category “Contribution to Health”. The Women of the Year Awards are organised annually by the former Derry City Council and pay tribute to some of the women who have made a difference throughout the year.

The Chairman said he was delighted that the Altnagelvin Hospital Team won this category and Ms Lisa King, Altnagelvin Hospital and Ms Anne Marie McDaid, from the community diabetes team were able to attend on the night to collect the award.

The Chairman was also delighted to advise that the Cytopathology Department in Altnagelvin Hospital had been recommended by inspectors to be awarded the ISO15189 accreditation. He said the Laboratory in Altnagelvin Hospital will be the first laboratory in Northern Ireland to be awarded this level of accreditation. The Chairman said that this provided Trust Board with another level of assurance in respect of the quality of the services provided by the Trust.

- On 6 March the Chairman was delighted to attend an informal induction for the radiotherapy doctors who will be joining the Trust.

Dr David Stewart, Dr Lois Mulholland and Dr Lucy Jellett, Consultant Oncologists, will join the Trust in the next few months and were visiting the Trust to meet with members of our Radiotherapy Team.

- On 9 March the Chairman was pleased to attend the official opening of the Centre for Personalised/Stratified Medicine at CTRIC.

During this event the Chairman also took the opportunity to say a few words in tribute to Professor Sir Richard Barnett who retired at the end of March.

The Chairman said the Trust welcomed the opening of the Northern Ireland Centre for Stratified Medicine at C-TRIC. He added that everyone could easily recognise the many benefits that personalised medicine can bring
above all it offered the potential for more precise diagnosis and more targeted treatment of patients.

- On 20 March the Chairman hosted a small, informal gathering for the last Mayor of Derry City Council, Councillor Brenda Stevenson. During the occasion the Chairman presented her with an honorary Staff Recognition Award and the unique ‘Because We Care’ badge as recognition for serving our community with such distinction. The Chairman also thanked her for being an absolutely wonderful ambassador for the Trust in all she had done as Mayor. The Chairman said the Trust would work in partnership with the incoming Mayor of Derry City and Strabane District Council.

- On 31 March the Chairman welcomed the Minister for Health, Social Services and Public Safety to the Trust. The Minister was in Londonderry attending a non-Trust event and the Trust was afforded the opportunity to invite the Minister to visit some Trust facilities.

  First, the Minister visited Grangewood Hospital to see the Trust’s Crisis Facility and meet with the Suicide Think Tank members who outlined the best practice initiatives which they have generated and are now being adopted nationally.

  Secondly, the Minister visited The Cottages, a respite facility for children.

4/15/2

**CHIEF EXECUTIVE’S REPORT**

Mrs Way reported that she would not provide a report of business on this occasion as the main issues would be discussed during the course of the meeting.

4/15/3

**APOLOGIES**

Apologies were received from Mr Corry Finn, Executive Director of Nursing/Director of Primary Care and Older People’s Services. The Chairman welcomed Mrs Witherow, Assistant Director of Nursing who was attending on his behalf.
4/15/4

DECLARATION OF INTERESTS

There were no declarations of interests.

4/15/5

MINUTES OF PREVIOUS MEETING

The Chairman referred to the minutes of Trust Board meeting held on 5 March.

Mr Birthistle asked that additional narrative be included for agenda item 3/15/11
Minutes of Meeting of Audit Committee held on 9 February 2015:

“Mr Birthistle advised members on the outcome of a number of audit assignments and said that in relation to the audits of information Governance and Health and Safety Management a satisfactory assurance had been provided and management had accepted all findings. Mr Birthistle also stated that in relation to the Review of Management of Pharmacy Contracts, 15 of the 19 original recommendations had been fully implemented. It was noted that the remaining recommendations were outside the direct control of the Trust and relied on regional agreement and action. Mr Birthistle expressed concern at the limited assurance provided on the Catering Stock Control for the second time running.”

Following the inclusion of this narrative the minutes were approved by members as a true and accurate record of discussion.

4/15/6

MATTERS ARISING

There were no matters arising.

4/15/7

QUALITY AND SAFETY

Quality Improvement Monitoring

Mr McKinney referred members to the February quality improvement monitoring report.

VTE

As in previous months he referred to the Trust’s performance against the target in respect of compliance with VTE risk assessment across all audit inpatient
hospital wards. He said that the Trust’s performance against the 95% target was 83% for February. He said that while there had been recent difficulties with regard to the busyness of the hospital it was being predicted that the Trust’s outcome at year end would be 100%. Mr McKinney said that there had been 4 particular areas where compliance is lower than expected and confirmed that an audit team had visited those areas to support them. He said that he could confirm that the assessment has been completed but had not been reported within the timescale required.

**Pressure Ulcers**

Mr McKinney referred members to the performance outcome in respect of pressures ulcers. He said February had seen the highest number of pressure ulcers. He said that for the next Board meeting he hoped to provide members with an overall statistical analysis.

Discussion took place with regard to the different types of pressure ulcers and Mr McKinney said that the pressure ulcers he is referring to are level 1 ulcers which are redness of skin. Mr McKinney confirmed that patients can come into hospital with a pressure ulcer acquired in the community. Members were assured that all hospitals classify pressure ulcers in the same way as there is regional guidance as to what determines the stages 1 – 4 pressure ulcer.

**Fallsafe Bundle Part A and Part B**

Mr McKinney advised members that the Trust was performing favourably against the target of 50% spread of the bundle by March 2015 with a performance of 71%. He said however there would be a Quality Improvement Plan for next year as the target will increase to 80%. Mr McKinney said that he did not anticipate any difficulty in achieving this revised target and said that he was confident the Trust had given this area sufficient attention.

**Infection Prevention and Control Update**

Mr McKinney referred members to the Infection Prevention and Control Report within members’ papers.

Members were advised that the Regulation and Quality Improvement Authority (RQIA) conducted an announced inspection on 24 February 2015 to examine Trust compliance with the Regional IPC Governance Assessment Tool for Augmented Care. Members were advised that the report would be shared with them when received. He said that the training for Trust Board members would take place at the end of the June Trust Board meeting.

Mr McKinney advised that the IPC Nursing support work associated with the MRSA Bacteraemia Reduction Plan was continuing on Ward 4, Waterside.
Hospital. He said although audit findings had improved, the last 4 weeks had seen one further colonisation detected. He added that the Altnagelvin Team had also returned to Ward 42, Altnagelvin, to undertake post-intervention audits and provide any additional educational support required. Members noted that ongoing independent audits and improvement plans overseen by the Lead Nurse would be required for both areas in order to demonstrate sustained improvements and that a baseline audit work had commenced in Ward 40 Altnagelvin.

Mr McKinney referred to previous discussion with regard to hospital acquired and community acquired infections. He said a meeting was now set up with the PHA to discuss this.

Mr McKinney advised that improvement work continued within Ward 8, South West Acute Hospital. He explained that work involved baseline diagnostic audits, education provision, both on-the-spot and formalised, agreed improvement goals and post-intervention audits.

Members noted that the Trust continued to be off profile for the number of C. difficile positive patients. He said predisposing factors continued to be antimicrobial prescribing in primary and secondary care and the use of proton pump inhibitors (PPIs). In addition, independent audit of compliance with the C. difficile care bundles remained a challenge, in particular hand hygiene, correct use of personal protective clothing and antimicrobial prescribing. The independent audit findings are displayed using statistical process control charts (SPC) charts from 2013 to 2015 and can be viewed as part of this report. Mr McKinney said he would discuss this issue with the PHA.

Mr McCarthy asked if the challenge with hand hygiene was in respect of auditing or practice. Mr McKinney responded that it was both. He said the performance outlined in the report related to 3 patients and early analysis showed that there was a hand hygiene failure. Mr McKinney said all staff have a responsibility to comply with hand hygiene and that the Trust is working hard to ensure this important area is maintained.

Mr McCarthy said he felt the outcome was frustrating given all the work that has been done on hand hygiene. Mr McKinney reassured members that the performance information within the report related to external audits however these are followed up by internal audits carried out by the professional leads within the wards/departments. He said these audits are not part of the information presented to Trust Board but are discussed in detail.

Mr McCarthy thanked Mr McKinney for his transparency on this issue and said that it was clear there was a concern. Mr McKinney explained to members that medical interventions with patients can be complex and numerous and it is important to focus on hand hygiene.
Mrs Way referred to the 3 cases and said the IPC staff had identified a link between the 3 patients and that this was why the incident has been reported as a SAI. Mr McKinney said that the Trust was addressing issues with regard to this.

Mr McKinney continued by referring members to page 11 of his report which detailed dashboards which represented independent audits of key performance indicators in wards with particular challenges. Mr McKinney confirmed that all findings and the associated improvement plans are discussed in detail with Professional Leads as part of the three-month improvement cycle and said Leads and Ward Managers are called to account at the Lead Nurse Accountability meetings.

**Environmental Cleanliness Update**

Mrs Witherow referred members to the bi-monthly, quarterly, 6-monthly and managerial environmental cleanliness audit reports for information. She said that plans are in place and are progressing in respect of challenges.

**Corporate Risk Register and Board Assurance Framework**

Mr McKinney referred members to the Trust’s Corporate Risk Register within members’ papers. He said there were currently 34 corporate risks as agreed by Governance Committee on 25 March 2015.

Members noted that risk ratings had been reviewed but had not been amended since the Corporate Risk Register was last produced on 25 March 2015.

Mr McKinney stated that in respect of risk ID771 Adult Safeguarding Referrals within Learning Disability, it was agreed at Governance Committee on 25 March that this risk would be amended to take account of adult safeguarding issues on a Trust wide basis with the responsible director being the Director of Women and Children’s Services.

Members supported this change in narrative.

4/15/8

**FINANCIAL PERFORMANCE REPORT FOR MONTH 28 FEBRUARY 2015**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 28 February 2015.

Mrs Mitchell advised the Board that the Month 11 Financial Performance Report has reported a deficit of £7.9m and a projected year end deficit of £8.5m.
Mrs Mitchell stated that this was an improved position from the previous month and that the level of overspend had reduced from 1.9% to 1.7%. She referred to the overspend on Payroll budgets of £20,231,000 and Non Pay budgets of £8,217,000. Mrs Mitchell referred to the cash releasing gap of £24,002,000 and highlighted the range of resolutions amounting to £44,569,000.

Mrs Mitchell advised that the financial performance had improved in percentage terms. She stated that the Trust continues to experience winter pressures and non-recurring funding amounting to £705K has been received by the Trust to support these pressures.

Mrs Mitchell referred members to Table 2 and advised that the cumulative overspend at February was 5.9%.

Mrs Mitchell advised the Board that the Financial Plan was on target and that she had not been alerted to any issues in March which would change this position.

Mrs Mitchell referred members to Tables 3 and 4 which outlined the delivery on contingency plans. She also referred to Table 5 which summarised the financial performance for each Directorate. She highlighted that the Acute, PCOP and W&C Directorates had maintained their overspend level while the AMHD Directorate had reduced their overspend level.

Mrs Mitchell referred to Table 6 and highlighted that all Directorates had decreased their use of flexible staffing from the previous month.

Mrs Cummings advised the Board that the Finance and Performance Committee had been fully briefed on the financial position at its meeting held on 31 March 2015.

Mr Birthistle stated that it was encouraging to see an improvement despite the difficult circumstances relating to winter pressures.

Mrs Way said that it had been a difficult year for the Trust and with the support of the HSCB and the DHSSPS patient safety had not been compromised, however, this had led to the Trust ending the year with a deficit.

The Chairman stated that it was not an acceptable position for the Trust Board to report a deficit of £8.5m, however, it was not possible to draw back expenditure without impacting on services and he referred to the in-year cost of medical locums reaching almost £10m. He also referred to the increasing cost of looked after children. The Chairman stated the Trust had a budget of almost £600m and that there was a need to balance quality/safety/performance issues, however, patient safety is the core business of the Trust.
Mrs Way advised members that in December 2014, as part of the Regional Financial Plan, the Trust was asked to identify savings of £13m on a recurrent basis in 2015/16. She shared with members a paper detailing the Trust’s proposals to meet the savings target however stressed that the proposals amounted to £10.3m, leaving a shortfall of £2.7m. She reminded members that the savings targets had been taken out of the Trust’s budget on 1 April 2015. Mrs Way said there was an expectation that the Trust would find the gap of £2.7m and this would be detailed in the Trust’s financial strategy within the Trust Delivery Plan.

Mrs Way said the Trust adopted a 2 stage approach to the identification of potential cash releasing savings opportunities for the 2015/16 year – stage 1 was to consider elements of the 2014/15 contingency plan which could be made recurrent and achieve a full year impact in 2015/16, and stage 2 was considering new areas for generation of cash releasing savings.

Mrs Way said that as with all savings plans considered by the Trust over the last number of years, the Trust had sought first to target discretionary expenditure, management costs and procurement efficiencies. She added that given the level of savings achieved by the organisation in the last 6 years amounting to £66m, the potential to derive significant savings in these areas was low. In identifying these projects, Mrs Way said the Trust focused on maintaining safety while recognizing that patient experience, quality and access to services may be affected in the delivery of some projects.

Mrs Way said it must be acknowledged that there would be significant challenges in delivering the 2015/16 savings plan within the context of continuing increases in demand for services, cost pressures in the HSC economy, current waiting time targets, trades union and staff concerns and the limited time within which to achieve the totality of the savings.

Members were referred to the proposals carried forward from 2014/15 into 2015/16 and additional measures for 2015/16. She said the plan provided clarity on the proposals which have been supported or supported in principle by the Health and Social Care Board. Mrs Way said Dr O’Neill, Assistant Director Performance and Service Improvement had joined the meeting to take note of proposed amendments to the plan as the Trust is meeting with trades unions and professional associations and the Trust’s senior leadership team later today. Mrs Way said that following Trust Board consideration and approval the savings plan would be available on the Trust’s website for members of the public and political representatives.
Mrs Way said that the Trust in 2015/16 will also receive £23m new money which will address some of the Trust’s underlying pressures that have been met previously through contingency savings. Mrs Way said that at this point the Trust does not know how the Trust will have to address the year end deficit.

Mrs Way said that she was enormously proud of the Trust and the services it provides. She said staff are committed to good patient/client care and the Trust and the Trust is seen as high performing Trust in relation to for example cancer services, elective outpatients, unscheduled care and urology services.

Mrs Way said that given that over 60% of the Trust’s funding is on staffing costs, a reduction in workforce expenditure is necessary to support the achievement of the 2015/16 savings target. She said this reduction would occur through the implementation of planned savings projects which would deliver reductions in workforce costs and through the application of controls and constraint in areas of flexible workforce spend. Mrs Way said the Trust had well established partnership working with trades unions and professional associations and would manage the workforce implications of the 2015/16 savings plan in accordance with HR best practice and statutory obligations.

Mrs Way said that month 11 financial performance information showed that each Directorate had managed to reduce spend on its flexible workforce. Mrs Way said that absence management was an area which would not have any implications for patients. Mrs Way said the Trust could not be definitive on its workforce implications as for example since the middle of December 2014 the 2 acute hospitals had been very busy and decisions had to be taken to bring in additional staff. This had impacted on the Trust’s year-end financial outturn. Mrs Way said that in addition given the Trust has a stable workforce it does not have the opportunity to save from staff vacancies. She said however that the Trust was working with the DHSSPS with regard to the possibility of a voluntary exit scheme.

Mrs Way advised members that in developing the 2015/16 savings plan the Trust had adhered to its Section 75 statutory equality duties. She said in doing so the Trust had subjected the individual proposals contained within the Plan to equality screening and in the interest of openness and transparency the Trust would publish the screening outcomes in its quarterly screen outcome reports which are published on the Trust’s website. She added that at this point the expected impacts of the 2015/16 savings proposals were all considered to be “minor and screened in with mitigation” or “minor and screened out without mitigation”. She said there were no proposals deemed to require an EQIA at this time and some proposals would be subjected to ongoing screening.
Mrs Way referred to the detail of the plan and the savings proposals in 2014/15 which were being carried forward into 2015/16 and the additional measures for 2015/16.

The Chairman suggested that Trust Board go through the detail of each proposal and asked that comments be voiced at each stage.

Mr Birthistle voiced his concern with regard to the short period of time for Trust Board to fully consider the savings plan. He asked for an assurance from his colleague Non-Executive Directors who attended the Finance and Performance Committee earlier in the week that they had the opportunity to consider the plan. Mrs Cummings confirmed that the Committee had considered the plan and made minor amendments which had been incorporated into the paper shared at today’s Board meeting. She said that Non-Executive Directors had also reinforced the need for investment in the community to support TYC. Mrs O’Kane supported these comments.

Mr Birthistle said he would agree with the general direction of the proposals but asked for further details on each.

The Chairman proposed that the Board consider the savings plan and identify proposals that members have a difficulty with and those that can be supported. The Chairman accepted Mr Birthistle’s view however said the Corporate Management Team had been working within a very tight deadline in developing proposals. The Chairman said it was important the Trust Board was able to support the savings plan.

Mrs Way assured members in relation to the proposals being carried forward. She said these proposals had been implemented in 2014/15 and were being carried forward. Mrs Mitchell said that some of the proposals were in line with the strategic direction of the Trust and some of the proposals were non-recurring.

Mr McCarthy referred to the continuation of a proposal with regard to hospital services in the Tyrone County Hospital. He said the Trust had reduced the bed complement in 2014/15 to live within the level of funding and that the Trust was proposing to continue in 2015/16 to manage palliative care and rehabilitation beds flexibly to cope with levels of presenting demand. He said that during a leadership walkround he had been struck by the excellence of the palliative care service. He said that he had concern that this was only to be a temporary measure and asked if the Board would consider removing this proposal so members could have further discussion. He added that while he understood that most people prefer to die at home he would prefer a change in service from this point of view as opposed to a funding issue.

Mr Lusby supported Mr McCarthy’s view that the service provided by the Palliative Care Unit is outstanding and agreed that the strategic direction is to
support people who want to die at home. He said the Trust was successful in supporting patients and families in this regard and because of that the Trust was able to reduce inpatient bed numbers. Mr Lusby assured members that staff within the Palliative Care Unit were supportive that the proposal continue into 2015/16 and said that if the demand for beds increased then they would be increased.

In light of this information Mr McCarthy supported the proposal. He however asked that the wording of the proposal be changed to reflect Mr Lusby’s comments.

Mrs Way referred to recent discussion with Omagh District Council. She said that the Trust was planning that the new local enhanced hospital would have 40 beds however the Health and Social Care Board is currently funding 30 beds. Mrs Way said that in light of this the Trust needs to work through plans to ensure the hospital does not overspend. Mrs Way said that in relation to palliative care and rehabilitation beds, staff would be used flexibly between the two wards. She said this had been explained to local MLAs.

Mr McCarthy felt that while officers of the Trust have a responsibility to MLAs, as a Non-Executive Director his responsibility was to the Board and the public he represents. He said that on the basis of the explanation by Mr Lusby and Mrs Way he would support the proposal continuing into 2015/16. Mr Lusby said he would develop an alternative narrative with Dr O’Neill to take on board Mr McCarthy’s concerns.

Mrs O’Kane referred to the plan and said while she accepted the tight timescale within which the plan had been developed, she felt there was a need for more detail.

Moving to workforce controls in 2015/16, Mrs Mitchell said that in December 2014 the Trust’s projected deficit moved from £6.7m to £8.5m. She said the workforce control measures as outlined in the plan would be carried forward into 2015/16 focusing on initiatives such as QiCR programme on absenteeism. She said that if the Trust reduced its level of absenteeism by 1% this would give a saving of £1m. She also referred to the use of medical locums which have cost the Trust £10m. She said the Trust is taking forward an international recruitment campaign which to date has proved very successful. Mrs Mitchell said that workforce controls were driven by opportunities at a point in time.

Mrs Way said the Trust is not permitted to make staff compulsorily redundant. She said that where a change of service has resulted in additional staff, the Trust is required to redeploy these staff. Mrs Way said the international recruitment drive would provide a significantly reduced spend on locums. Mrs Way accepted Mrs O’Kane’s comments with regard to allowing the Corporate Management
Team to deliver the plan however she stressed that where the plan did not deliver, savings would have to be found elsewhere.

Mrs Way offered Mr Mulgrew an explanation in respect of how money can be saved from not using bank and agency staff.

Mr Downey referred to the service reform proposals for 2015/16 within his Directorate and said those proposals were the right strategic direction for his Directorate. In respect of the redesign of looked after children and family support services he said that there were 17 children from the Western Trust in an out of Trust placement. He said that it was proper that the Trust care for these children in their communities of origin. He added that 75% of children in care come from a fostering placement that has broken down. He said the proposal to support fostering families would reduce the number of children coming into the residential care system. Mr Downey said his proposal would be to use the staff in the residential care system to support fostering families.

Mr Millar referred to proposals with regard to his Directorate. He said his proposals aligned with reform both on a regional and local basis.

Mrs Doherty referred to the savings plan and confirmed there was significant detail behind each proposal. She said that no member of the Trust wanted to reduce a service however savings need to be made. She supported the Corporate Management Team in reducing the Trust’s level of absenteeism.

Mrs McConnell said the Trust was positively engaged with trades unions in seeking to reduce absenteeism. She said the waiting time for Occupational Health had been reduced however there had been increased numbers of staff being absent.

Mr Mulgrew referred to the proposal within learning disability to stop the payment to those who attend day care. Mr Millar said that while those individuals would no longer receive a small monetary payment they would be recognized for their invaluable contribution by other means such as celebratory event.

Following significant discussion members supported the savings plan for 2015/16.

4/15/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy made a presentation on the Trust’s performance management report for the period ending February 2015. She said her presentation would include performance highlights in respect of acute and non-acute services and unscheduled care.
Mrs Molloy began by referring to cancer services. She said that during February performance against the 14 day breast target had been 100%. Mrs Molloy referred to the Trust’s performance against the 31 and 62 day targets. It was noted that in respect of the 31 day target the Trust’s performance remained at 100% and in relation to the 62 day target the Trust’s performance had been 91%.

Members were advised that the Trust’s performance against the 7 day fracture standard remained at 100% for February and in relation to the standard that 95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment the Trust’s position at end of February had been 85%.

In continuing with performance against the outpatients elective access Mrs Molloy said that at the end of February, 9,614 patients were waiting longer than 9 weeks for their first outpatient appointment. She said that regionally at the end of January there were 103,156 patients waiting more than 9 weeks. Mrs Molloy acknowledged this deteriorating position and said a full report on this performance by specialty was again shared with the Finance and Performance Committee earlier in the week. Members noted that in the past the Trust would have received funding from the Health and Social Care Board to send patients to the Independent Sector but there had been no funding allocated in the later part of 2014/15. Members noted that the capacity gap in orthopaedics was 1,500 per year with the demand for the service having increased by 11% in the past year. It was noted that the HSCB has acknowledged the Trust’s position and have agreed back stop positions. It was noted that the recent industrial action had also impacted upon this position.

In respect of performance against the inpatient/day case elective access Mrs Molloy said that at the end of February, 4,277 patients were waiting longer than 13 weeks for treatment, and that this had remained a very stable position during the year. Members were assured that patients waiting were routine waits and not urgent cases or cancers.

Mrs Molloy referred to performance against diagnostics. She said the Trust was the best performing Trust in the region with 561 patients waiting longer than the 9 week standard. She said in respect of imaging, 193 patients waited longer than the 9 week standard however diagnostics were being sourced from the Independent Sector to recover breaches by end of March 2015.

Mrs Molloy referred to endoscopy and said 46 patients were waiting more than the 9 week standard. She said recent difficulties had been resolved. In relation to Pure Tone Audiology there continued to be a decrease in the number of breaches from 382 at the end of January to 329 at the end of February. Members were advised that all modalities would be met by end of March with the exception of perfusion studies and audiology.
Mrs Molloy referred to acute core activity against Service and Budget Agreement and said that as at end of February the Trust was -1.9% in respect of elective inpatients/day cases; -5.1% in respect of new outpatients; and -4.3% in respect of review outpatients. Mrs Molloy assured members that against the Trust’s core, this performance was in broad terms good and the Health and Social Care Board was satisfied with the Trust’s performance.

Mrs Molloy referred members to the Trust’s performance against Children’s Services, Primary Care and Older People’s services and Mental Health and Learning Disability services.

Continuing with performance in respect of AHP services, Mrs Molloy said there was an improving position in some areas. She said a meeting was scheduled with the HSCB for 16 April to discuss the capacity gap in OT and dietetics.

Mrs Molloy referred members to the Trust’s performance against hospital discharges. Mr Lusby referred to discussions in relation to additional funding from the Health and Social Care Board to purchase packages to enable older people to be discharged from hospital. He said at a point in time in the South West Acute Hospital there had been 25 escalation beds in place and the Trust was using the day procedures unit as a ward. Members were advised that the Trust was due to receive additional funding of £150k to ease the pressure currently being experienced in acute services.

Discussion took place regarding domiciliary care and members were advised that Ms Deirdre Walker, Assistant Director Adult Safeguarding was undertaking a strategic review of people who require domiciliary care when discharged. Mrs McKay referred to the number of delayed discharges in the South West Acute Hospital and said it was necessary to look at an alternative option to an acute bed for those patients.

Mr Mulgrew referred to a proposal to reduce inpatient beds by 25 and how this stacked against escalation beds. Mr Lusby explained that escalation beds should only be in place for one day and said while it was right to reduce overall bed numbers the Trust needed more assessment beds. Members were advised that the Trust was developing a frail elderly pathway for older people which would mean that older people would be brought straight to a ward as opposed to coming into hospital via A&E.

Mrs Molloy referred to performance in the Trust’s Emergency Departments. She said that for January the Trust’s performance against the 4 hour standard had been 78% with a cumulative performance of 84%. Mrs Molloy said that in February in SWAH there had been 8 x 12 hour breaches and these were due to limited patient flow across the hospital.
Mr McCarthy asked where the Trust’s performance in ED sat in relation to the Trust’s reform plan for ED services. Mrs Molloy said that this work had been stalled due to the investment that was required. She said the Trust was not able to put in place the funding necessary for the assessment beds. In addition she said the Trust’s 5 key priorities for ED were different to the 5 key priorities recently communicated by the Chief Nursing Officer and Chief Medical Officer. Mrs Molloy said that a further meeting with the HSCB was being arranged to get this work back on track.

Mrs Molloy referred to conversion rate statistics and members were advised that more people were presenting at ED with increased acuity and requiring hospital admission.

Mrs Molloy summarized that the Trust’s performance in elective care remained above average. She stressed that the impact of contingency measures and lack of waiting list initiative funding was seeing an increased number of breaches, reflecting deteriorating regional trends in performance. She said however focus was remaining on core elective performance and longest waiting patients. In respect of non-acute services, Mrs Molloy said services continued to perform well against the region but again the impact of contingency measures, recruitment and workforce issues were having a detrimental effect on performance. She said that in respect of unscheduled care, there had been 12 hour breaches during the pressured period in February and March and the Trust’s performance against the 4 hour standard had deteriorated due to winter pressures.

In concluding Mrs Molloy referred members to an update in respect of the development of the Trust’s New Reform Plan and an update on implementing reform, the QiCR programme and general issues associated with the TYC programme.

4/15/11

DECLARATION AND REGISTER OF INTERESTS

The Chairman referred members to the Declaration and Register of Interest forms for 2014/15 for Board members and senior staff. He confirmed the file had been updated and was available for viewing from the Chief Executive’s Office.

4/15/12

COMMISSIONING PLAN DIRECTION UPDATE

Mrs Molloy advised members that the Trust had not as yet received the Health and Social Care Board’s Commissioning Plan. She said indications were that the Plan would be received in the next 6/8 weeks and that at this point it was unclear as to whether or not targets were being revised and if the Plan would be shared.
for comment in advance of implementation. Mrs Molloy said she would keep members updated.

4/15/13

POLICIES

- Transfer Policy for Neonates, Infants and Children
- Pregnancy Testing in Females of Child Bearing Potential on Admission to Hospital
- Acting Up – Revised
- Selection and Appointments - Revised

Discussion took place regarding the above policies and following discussion all policies were unanimously approved by the Board.

4/15/14

DRAFT CAR PARKING OPERATIONAL PROCEDURES - OUTCOME OF TARGETED ENGAGEMENT

The Chairman welcomed Mr Will Doran, Assistant Director Facilities Management and Mrs Joanne Quinn, Facilities Management, to the meeting.

Members were referred to a report within papers entitled “Outcome of Targeted Engagement (October 2014 to January 2015) on Draft Car Parking Operational Procedures for Altnagelvin and South West Acute Hospital Sites”.

Mrs Quinn led members through a detailed presentation which included:

- Background to the draft car parking procedures;
- Equality and Human Rights Screening;
- Targeted engagement feedback;
- Car parking audits;
- Contract implementation and resources;
- Additional mitigations; and
- Recommendations for way forward

Members were advised that in May 2014 the Corporate Management Team considered the equality and human rights screening documents of the draft operational procedures and approved a 12 week targeted engagement with key stakeholders. The engagement specifically sought comments on the criteria to be applied when implementing car parking control measures, ie the circumstances when the Trust could apply an authorised parking notice, a parking charge notice, a vehicle immobilisation (clamp) or a tow away; the
application of the British Parking Association (BPA) Code of Practice and the Appeals process.

Members noted that the targeted engagement period ran from 18 October 2014 to 9 January 2015. The engagement pack was sent to 280 groups/individuals and 36 responses were received including 4 from staff side which represented a wider range of staff interests. The majority of the responses were from staff based in the South West Acute Hospital site. Members were advised that there were no comments/feedback received from local Councils, MLAs or the Patient and Client Council.

Mrs Quinn advised that the feedback and mitigations had been shared with the Trust’s Equality & Human Rights Team, the Trust’s Human Resources Director and the Directorate of Legal Services who had provided further comments, advice and proposals that had been incorporated into the report within members’ papers.

Mrs Quinn advised that the CMT considered the report and approved the recommendations and proposed additional mitigations at its meeting on 12 March 2015. She said Trust Board was being asked today to consider and approve the following recommendations:-

1. Approve the Draft Car Parking Operational Procedures;

2. Implement the Car Parking Procedures from September 2015 in line with approved mitigations;

3. Tender and appoint a licenced and registered contractor to implement the Car Parking Operational Procedures;

4. Revert to 236 paid for parking spaces on the South West Acute Hospital Site (approved by Trust Board in June 2012);

5. Consider and agree the range of proposed additional mitigations highlighted in Appendix 2 of the Trust Board Report and summarised below.

   In addition to these recommendations Mrs Quinn outlined proposed additional mitigations for Trust Board’s consideration and approval:-

6. Phased implementation focusing initially on the protection of:

   a) disabled bays
   b) blue light routes
   c) footpaths leading to patient/client areas
   d) key access points, and
   e) a range of car parks.
7. Adjustment to repeat offence for unauthorised parking notices in phased locations subject to review and operational experience.

8. Provision of a level of protected short term spaces at SWAH to support the delivery of community services.

9. Implement car sharing schemes on both hospital sites (aligned to Hospital Travel Plans).

Lengthy discussion took place during Mrs Quinn’s presentation and points of clarity were sought with regard to the detail of the report and the recommendations before members for consideration.

The Chairman raised a concern with regard to the external response to the targeted engagement. Mrs Molloy assured that the attempt to engage with external parties had been thorough.

Following discussion members agreed that there should be a fuller, more detailed presentation at a future meeting.

Members noted the poor response to the targeted engagement.

It was felt that no decisions could be made until the further information was provided. Mr McCarthy asked to see more information in respect of the trades unions responses to the targeted engagement and in particular the outcome of the Translink engagement.

Mr Doran asked if he could receive the views of Trust Board to enable him and Mrs Quinn to take their views forward. Mrs Molloy said that she would take this forward.

The Chairman thanked Mr Doran and Mrs Quinn for attending the meeting and said that further work would be undertaken and the issue would be brought back to a future Trust Board meeting.

4/15/15
GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 10 DECEMBER 2014

Members approved the minutes of the Governance Committee meeting held on 10 December 2014 as a true and accurate record of discussion.
4/15/16
FINANCE & PERFORMANCE COMMITTEE - NOTES OF MEETING HELD ON 3 MARCH 2015

Members approved the minutes of the Finance and Performance Committee meeting held on 3 March 2015.

4/15/17
ENDOWMENT & GIFTS COMMITTEE – MINUTES OF MEETING HELD ON 8 JANUARY 2014

Members approved the minutes of the Endowment and Gifts Committee meeting held on 8 January 2015.

4/15/18
DRAFT TRUST EQUALITY SCHEME

Mrs Molloy shared with members for consideration and approval the Trust’s revised Quality Scheme.

Mrs Molloy reminded members that the Trust is required to consider by law Section 75 of the Northern Ireland Act 1998. She said Schedule 94 (1) of the Act requires the Trust as a designated public authority to set out in an Equality Scheme how it proposes to fulfill the duties imposed by Section 75 in relation to its relevant functions. Mrs Molloy said the revised Equality Scheme within members’ papers outlined the Trust’s intention to fulfill this statutory duty.

Following consideration members approved the Trust’s draft Equality Scheme.

4/15/19
SCHEDULE OF DELEGATED AUTHORITY 2015/16

Mrs Mitchell advised that at the beginning of every year Trust Board is requested to review and approve the Trust’s proposed Scheme of Delegation and Schedule of Delegated Authority. As part of the internal review process, Mrs Mitchell said the proposed documents had been shared with the Trust Procurement Board and comments made by members had been incorporated.

Mrs Mitchell referred to the key changes to the documents from those in use during 2014/15:-

- There are no proposed changes to the Endowment & Gift Funds SODA at present.
• The following changes are proposed to the General SODA:

**Removal of entries for staff who have left the Trust:**
  • Finance Directorate - John Pentland, Interim Director of Finance
  • Finance Directorate - Clare Armstrong, temporary Contracting Services Manager

**Additions/amendments to SODA:**
  • Corporate Directorate - Addition of Dr Dermot Hughes as acting Associate Medical Director for Quality and Safety
  • Finance Directorate – inclusion of Seamus Wade with responsibility for joint approval of PFI invoices/unitary charges for SWAH.
  • Miscellaneous section – amendment to the scheme for approval of Domiciliary Care payments. The amendment adds authority for the Assistant Director for Primary Care and Older People’s Services and the Homecare Services Manager but removes authority from the Homecare Administrator.

Following considered of the revised document it was unanimously supported by the Board.

4/15/20

**TENDER AWARDS**

There were no tenders for consideration.

4/15/21

**TRUST FUND**

**Breast Screening Unit**

Mrs McKay shared with members a request to purchase from the Breast Fund new furniture for the waiting areas within the Breast Screening Unit at Altnagelvin Hospital. It was noted that the total cost would be £11,623.20.

Mrs McKay said the new furniture would improve the patient experience, minimize the psychological trauma experienced by women having to wait for results and create a positive profile of the Unit.

Following consideration members unanimously supported this request.

Mrs McKay referred to 2 previous requests which had been approved by Trust Board. She said that when both requests had been processed by the
Procurement and Logistics Service, the cost had increased and she was bringing these back today for members’ approval.

The first request was in relation to an automated chest compression device for the Cardiology Department at Altnagelvin Hospital. Mrs Kay said the original cost approved was £8,000 but the revised cost was £10,543.

The second request was in relation to 3 refrigerated centrifuges for CTRIC. Mrs McKay said the original cost approved was £10,542 but the revised cost was £13,192.12.

Following consideration members approved the revised costings.

4/15/22
CONFIDENTIAL ITEMS

4/15/23
ANY OTHER BUSINESS

There were no further items of business.

4/15/24
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 May 2015 at 10.00 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

Mr G Guckian
Chairman
7 May 2015