Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 3 August 2017, at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

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

Mrs G McKay, Director of Acute Services
Mr T Millar, Director of Adult Mental Health and Disability Services
Dr D Hughes, Medical Director
Mrs A McConnell, Director of Human Resources
Mrs L Mitchell, Director of Finance and Contracting
Mrs T Molloy, Director of Performance and Service Improvement
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs G Brown, Assistant Director, Primary Care and Older People’s Directorate
Mrs A McDuff, Assistant Director Women and Children’s Directorate
Mrs M McGinley, Executive Assistant to Chief Executive
Mr O Kelly, Head of Communications
Ms M Feeney, Kinship Foster Parent (7/17/8 only)
Mr P Armstrong, Head of Services Adoption, Fostering, Independent Chairs and Early Years (7/17/8 only)
Mrs Olphert, A/Social Work Manager (7/17/8 only)
Mr M Keenan, Social Worker (7/17/8 only)

7/17/1

CONFIDENTIAL ITEMS
CHAIRMAN’S BUSINESS

The Chairman began the meeting by welcoming Dr Anne Kilgallen to her first meeting of the Western Health and Social Care Trust Board as Chief Executive.

He said he knew the Board would support Dr Kilgallen in her new role and on behalf of the Board he wished Dr Kilgallen every success in her new post.

CHIEF EXECUTIVE’S REPORT

Dr Kilgallen said she was delighted to have taken up post on Tuesday, 1 August and was very grateful for the welcome she had received.

She said she had a particular interest in quality and safety and she looked forward to building on the legacy left behind by Mrs Way.

APOLOGIES

Apologies were received from Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services.

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting having been circulated were approved as a true and accurate record of discussion.

MATTERS ARISING

There were no matters arising.
QUALITY AND SAFETY

Patient Story – Kinship Foster Care Team

Mrs McDuff welcomed this month’s patient story – Ms Feeney who is a kinship foster parent.

Mr Armstrong gave context to the Trust’s foster care service and said that 51% of the Trust’s Looked After Children in were in a foster care placement. Members were advised that when a child is assessed as needing care the Trust will look to the child’s family in the first instance.

Ms Feeney shared her story with members with regard to the children within her care. The quality of her care was commended and it was noted that Ms Feeney was the recent winner of the regional Kinship Care Award. Ms Feeney spoke of how well the Trust and her Social Worker supported her in looking after the children.

Discussion took place regarding contact between the child and birth parent/s. It was noted that this was assessed on the needs of the child.

At the end of discussion the Chairman thanked Ms Feeney for joining members.

Quality Improvement Monitoring Report – Pressure Ulcers

Dr Hughes referred members to the Quality Improvement Monitoring Report in respect of pressure ulcers for 2016/17. He said the Skin Care audits were completed 6 monthly on all adult inpatient wards and compliance was reported quarterly to the PHA.

Members were advised that during 2016/17 the overall Trust compliance with the Skin Care Bundle was 96% and the breakdown by quarter was Quarter 1 - 98%, Quarter 2 - 93%, Quarter 3 - 96%, Quarter 4 - 97%. In addition to the Skin Care Bundle, the number and rate of Grade 3 & 4 hospital acquired pressure ulcers were also reported quarterly to the PHA. The overall Trust Pressure Ulcer Rate for 2016/17 was 0.9 per 1,000 bed days and the breakdown by quarter was Quarter 1 – 0.9, Quarter 2 – 0.8, Quarter 3 – 0.9, Quarter 4 – 0.9. Dr Hughes advised that of the 246 hospital acquired pressure ulcers reported during 2016/17, 38 were identified as Grade 3 & 4 and of these, only 6 were considered to be avoidable.

Members were assured that root cause analysis reviews all grade 3 and above pressure ulcers and action plans are implemented to enable prevention of recurrence. In addition Dr Hughes advised that pressure ulcer prevention work within primary care is also carefully monitored and quality improvement work has commenced based on the elements of the Skin bundle.

Dr Hughes referred members to the Skin Care Bundle compliance for each adult inpatient ward in the graphical information previously distributed. He advised that some wards are due to complete their six monthly audits during July 2017.
Infection Prevention and Control Update

Dr Hughes referred members to an update on infection prevention and control.

He advised members that the Trust’s reduction target for *Clostridium difficile* associated disease in 2017/18 is 44; a reduction of 12 cases or 21.43% compared to last year. He said that to date 24 cases had been reported, 13 of the cases were classified as healthcare-acquired or associated, as they occurred more than 48 hours after admission to hospital with the remainder being classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.

Dr Hughes advised that the MRSA bacteraemia target for 2017/18 is 5. He said one case had been reported so far this year which was categorised as community-associated and there were no cases of hospital-associated MRSA. He said that as at 26 July the total number of days since the last Trust hospital-associated MRSA bacteraemia was:

Altnagelvin Hospital – 693 days;
South West Acute Hospital – 529 days;
Tyrone County Hospital/Omagh Hospital – 923 days.

Dr Hughes briefed members on a *C. difficile* outbreak on Ward 1, Altnagelvin Hospital. He explained that following receipt of ribotyping, results indicated the same type of *C. difficile*, and further Enhanced Fingerprinting was undertaken. This report stated that there was evidence to suggest transmission of *C. difficile* ribotype (CE) 106 within a healthcare setting. Dr Hughes said this meant that 4 samples were indistinguishable thus confirming that transmission had occurred. Members were assured that an improvement plan has been developed and is being monitored through the Service Manager of the area and local and Trust-wide learning has been shared across Directorates at a range of professional forums.

During the month members were advised that there had been an increase in the number of patients reporting symptoms of unexplained vomiting and diarrhoea in Ward 5, Altnagelvin. Dr Hughes said Norovirus was suspected but it has not been confirmed by the Virology Laboratory in Belfast. Dr Hughes said infection prevention and control measures had been put in place and further results are awaited from Belfast.

Moving on Dr Hughes referred to Glycopeptide-Resistant Enterococcus (GRE), a bacteria which is carried harmlessly in the gut. He explained that GRE is a type of Enterococcus which is resistant to glycopeptide-type antibiotics and although not usually pathogenic, it can cause clinical infections, particularly in those patients that are immunocompromised. Intestinal colonisation is more common than clinical infection, with infection usually developing in those who were previously colonised.

Colonised patients are a potential source for the spread of the organism through direct or indirect contact. Dr Hughes advised that from 30 April until 16 May 2017 there were 6 GRE positive specimens in Ward 31. Control measures have been
implemented including reinforcement of compliance with standard precautions and hand hygiene and terminal cleaning and vapourised hydrogen peroxide (VHP) cleaning have also been undertaken. Further investigations are ongoing and the increased incidence has now been categorised as an outbreak following discussion with the PHA. Contact screening of a further 4 patients was undertaken and these screens are positive for GRE. They have been sent for ribotyping and this is awaited. Dr Hughes said the majority of these would indicate colonisation and not infection and assured members that daily enhanced cleaning, terminal cleaning and VHP cleaning has been undertaken for the entire ward and that increased monitoring of infection prevention and control practice and adherence to hand hygiene continues. A review of antimicrobial prescribing has been undertaken and antimicrobial ward rounds are to commence.

Dr Hughes said in addition there was also a cluster of 5 positive GRE specimens identified in Ward 20, Altnagelvin since 8 April 2017. Ribotyping has been requested. The PHA is aware and further investigations are ongoing regarding the nature of this cluster. It is anticipated that further terminal cleaning and VHP cleaning will be undertaken. There is no evidence of any ongoing transmission at this point.

Dr Hughes said there has been an increase in the number of specimens positive for GRE in the Trust since April 2017 compared to 2016/17. He said a number of these were also community-associated with the majority being colonisations and not infections. He added that the PHA is seeking information from other Trusts regarding increases regionally. However, there is limited epidemiology information available as surveillance by the PHA is only performed for bacteraemias caused by GRE.

Discussion continued regarding the PHA and Dr Hughes commended the partnership working between the Trust and the PHA.

**Environmental Cleanliness Update**

Mrs Brown referred members to the audit report for May 2017.

Referring to bi-monthly reports Mrs Brown advised that overall compliance had reduced to 92% with 8% not carrying out the audit as per the standard of 2 audits per month. She said that discussions were being held with the Directors for those areas that had not met the standard.

In relation to quarterly audits members were advised that compliance for the first month of the quarter was 39%. She said that this was indicative for the first month of the quarter.

In respect of the 6 monthly audits compliance it was noted that for the first month of the 6-month compliance, 13% of audits had been carried out with 86% of audits still to be completed during the 6-month period.

Mrs Brown commended all staff for this outstanding performance across all the audit periods.
Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Trust’s Corporate Risk Register and Board Assurance Framework. He said there were 26 risks on the Corporate Risk Register as approved at Governance Committee on 28 June 2017 and said this version of the register reflected the addition of new risk ID49 and the de-escalation of ID855 as agreed at that Committee meeting. Dr Hughes noted that risk ID771 was pending de-escalation while awaiting confirmation that it was on all relevant Directorate registers.

Dr Hughes advised members that there were no material changes for consideration.

Dr Hughes advised that due to Mr Corry-Finn’s retirement, CMT had agreed that Mrs Witherow would be the responsible officer to lead on the Director’s risks until 30 June. This was then reconsidered by CMT in July and it was proposed that these risks would remain assigned to the Director of Nursing PCOP on the register and would be reviewed in September when the new Director is in post.

7/17/9
FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED 30 JUNE 2017

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 30 June 2017 contained in the papers.

Mrs Mitchell stated that the Trust had been advised by the HSCB of an indicative income allocation which had been factored into the Month 3 financial position. She advised that based on this information the forecast deficit for 2017/18 had been reduced to £37.5m. She reminded the Board that the Trust had submitted on 30 June 2017 a range of savings proposals for approval by the Department of Health. She noted that to date no response had been received.

Mrs Mitchell advised that the Trust is reporting a deficit of £5.613m as at 30 June 2017. She highlighted that there are a number of areas which are reporting an overspend in excess of planning assumptions. She advised that these areas relate to domiciliary care, community equipment and Looked After Children and that further work is being taken in conjunction with the relevant Directorates to understand the reasons for these increases.

Mrs Mitchell referred members to Table 2 and advised month 2 variance comparison had been restated to take account of the indicative income allocation. She said the Acute Directorate had maintained its level of overspend from the previous month and the Primary Care and Older People’s Directorate decreasing its overspend from the previous month. She further reported that the Women and Children’s Directorate had increased its overspend from the previous month with Adult Mental Health and Disability Directorate remaining in a breakeven position. Mrs Mitchell advised that all the support Directorates were reporting an underspend position.
Mrs Mitchell drew members attention to Table 3 and the graph on page 7 and noted the decrease in spend on medical agency staff. Dr McIlroy said it was noteworthy that the projected cost of medical locums had reduced although it was too early in the year to predict accurately.

Mrs Mitchell advised that the Trust has an allocation for elective careamounting to £770k against which £361k was spent at the end of June.

Mrs Mitchell referred members to Section 6 and advised that the 3 service Directorates of Acute, PCOP and Women and Children’s services had an internal financial target of £14.8m and that work was underway to develop plans against this target. She also reported that the QiCR plan had achieved £346k (13% of target) as at 30 June 2017.

Mrs Mitchell highlighted to members Table 4 which provides details of the capital allocation for 2017/18.

Dr O’Mullan enquired about the reason for the reduction in the cost of locums. Mrs Mitchell said that there was a number of factors influencing the reduction in spend and these included the international recruitment campaign and also the appointment of a senior doctor on the Altnagelvin and SWAH hospital sites. Mrs McKay added that there was also a regional approach being adopted by all Trusts to collectively constrain the medical locum rates.

Mrs Woods enquired as to the reason for the significant increase in the overspend in non-pay within the Women & Children’s Directorate. Mrs Mitchell advised that it was linked to an increase in Looked After Children some of which may include high cost placements.

Mr Campbell asked whether the QiCR plan was part of the savings plan submitted to the HSCB on 30 June 2017. Mrs Mitchell confirmed that the QiCR plan was an internal plan and was not included as part of the submission.

The Chairman concluded discussions by stating that the financial situation was challenging given the uncertainty in funding and urged Directors to be focussed on delivering savings as soon as possible as it becomes more difficult to achieve as the year progresses.

7/17/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end June 2017. Members were reminded that that the Trust had been instructed by the Health and Social Care Board to roll forward Ministerial standards from 2016/17 as the targets for 2017/18, along with agreement of “improvement trajectories” on particular services, which the Trust will be held to account for delivering on. Mrs Molloy advised that an expectation of improvement across elective specialties and unscheduled care in 2017/18 would prove challenging given
the increasing demand, and the constrained finances the Trust will face again this year. Mrs Molloy advised that the Commissioning Plan was awaited however the Trust Delivery Plan was now in preparation based on a range of assumptions, and would come to Trust Board in due course for discussion and approval.

Mrs Molloy began with performance against unscheduled care targets. She said that performance attained in June was:-

- 84% of patients were treated and discharged home or admitted within 4 hours of arrival in ED. Mrs Molloy said this performance was the best performance in Northern Ireland.
- 13 patients waited in ED in excess of the standard that no patient should wait longer than 12 hours;
- 91% of patients commended their treatment following triage within 2 hours, which was well in excess of the 80% target.

In relation to the 13 x 12 hour breaches members noted that 9 breaches had occurred in Altnagelvin Hospital and 4 in the South West Acute Hospital.

Mrs Molloy shared with members the performance for all Trusts in respect of the 4 hour and 12 hour standards in June, and cumulatively for the first quarter of 2017/18. She commended staff for achieving the best performance in the region against both standards.

Mrs Molloy referred to the Unscheduled Care Improvement event held in May 17, which had tested the “control room” model of day to day tactical management of unscheduled care flow in Altnagelvin hospital, and said that the control room model had continued to be piloted until the end of June, and had made a significant impact on the Trust’s performance. Consideration was being given to mainstreaming the model, supported by a bid for funding to DoH. Mrs Molloy said that currently the model is staffed by Senior Managers on a voluntary basis.

Non-Executive Directors commended this performance and the Senior Managers who were committed to this model. They asked that their appreciation be passed on to the Senior Managers.

Moving to performance on cancer services Mrs Molloy advised that the Trust’s performance against the 14 day breast standard was again 100% with 236 patients being seen in May. In relation to the 31 day standard the Trust’s performance continued to be 100% with 116 patients commencing their treatment in May 2017. Members were advised that the Trust had taken on additional work from the Southern Trust and this had not impacted upon the Trust’s performance outturn, which had in fact improved from the prior month.

In respect of performance against the 62 day access standard the Trust had achieved an increased compliance of 90% for May. She said there had been 7 breaches and these were concerned with upper and low GI tumour sites. Mrs Molloy asked members to note that this target was reported incorrectly at 88% within their
performance report, and that the validated figure of 90% be recorded in the minute, the difference related to 2 Belfast patients treated by agreement in Western Trust, whose breaches had appeared in the original report.

In respect of fracture services Mrs Molloy advised:

- The Trust achieved the standard that 95% of hip fracture patients should receive inpatient fracture treatment within 48 hours. 38 patients were treated with 2 patients being treated over the 48 hours and this was because of the normal decisions on clinical priority of patients.
- In respect of all inpatient fractures treated within 48 hours 118 patients were treated in June 2017 with 92% of patients being treated within 48 hours. 9 patients were over 48 hours.
- In respect of all fractures within 7 days, 100% of patients were treated within 7 days with 127 patients treated in June 2017.

Mrs Molloy continued on the elective access, with outpatients. She said against the target that at least 50% of patients wait no longer than 9 weeks for their first outpatient appointment and no patient waits longer than 52 weeks for treatment, the Trust’s position at end of June was 33% against a regional average performance of 30%. She advised that 21,524 patients were waiting more than 9 weeks and 7,707 patients are waiting longer than 52 weeks. Mrs Molloy said that while limited WLI work was being undertaken it was not having a significant impact on the numbers waiting. She said the numbers waiting more than 52 weeks was growing more than the numbers waiting more than 9 weeks which demonstrated the intractable issues in some specialties, including workforce issues.

In respect of Elective Access Inpatient/Day Case target, members were advised that against the standard that 55% of inpatients and day cases are treated within 13 weeks and no patient waits longer than 52 weeks for treatment, the Trust’s position at end of June was 37% with 9,891 patients waiting longer than 13 weeks and 3,472 patients waiting longer than 52 weeks. Mrs Molloy said the position against the 9 week target was relatively stable but that the number of patients waiting more than 52 weeks was growing and In-house WLI would have little impact on the number waiting. Mrs Molloy reminded members that decisions made during the winter period on cancellation and non-booking of routine elective patients due to bed pressures in Altnagelvin Hospital had not been recovered, and a number of workforce gaps in services continued to cause under-delivery of core performance.

Mrs Molloy briefed members on discussions with the Health and Social Care Board with regard to WLI and said that the Trust has been instructed that Trusts must maximise their Inhouse bids for WLI, no approval had been given thusfar to secure additional capacity for treatments from the Independent Sector.

Mrs Molloy referred to acute core activity against the Service and Budget Agreement. She said the Trust’s performance in June was:

Elective inpatients/day cases -3.0%;
New outpatients -17.0%;
Review outpatients -7.4%

Mrs Molloy said workforce difficulties particularly consultant gaps were a contributory factor for this performance.

Mrs Molloy continued to share the Trust’s waiting list initiative plan for the year. She briefed Trust Board on the detail for quarters 1 and 2 and said quarter 3 and 4 plans were being developed on an assumption that £750k would be allocated per quarter, and expected a final bid would be submitted to the Health and Social Care Board for approval imminently.

Mrs Molloy referred to the new Performance Framework for HSC which will introduce “Performance Improvement Trajectories”. She said Trusts are to set out the expected level and pace of improvement toward achievement of targets in light of financial and workforce pressures and other circumstances. She said initial areas of focus will include Unscheduled Care (4 hour standard), elective care (delivery of core capacity), cancer waiting times (14, 31 and 62 day) and mental health waiting times (9 and 13 weeks). Mrs Molloy said the Trust is required to respond to the DoH/HSCB with its proposals for performance improvement trajectories by end August and the next phase of measures will include wider aspects of assurance and accountability. Mrs Molloy said the detail of these would be shared with the Finance and Performance Committee who would be provided with a progress/ performance update on a regular basis.

Continuing with diagnostic standards, Mrs Molloy advised that the Trust continued to meet the Ministerial standard on diagnostics access that 75% of patients should wait no longer than 9 weeks for a diagnostic test with performance being 75% in April against a regional compliance of 65%.

In relation to endoscopy Mrs Molloy advised that there were 217 patients waiting longer than the 9 week standard, and this service continued to perform very well and continued to be supported by waiting list initiative funding.

Moving to Children’s Services, Mrs Molloy highlighted that in respect of CAMHS, there was 8 patients waiting longer than 9 weeks for an appointment, and that the waiting times and number of patients breaching continued to escalate in community paediatrics.

In relation to PCOP members were advised that there was a small growth in the number of patients waiting longer than the standard for access to dementia services with 101 breaches.

Mrs Molloy shared with members the performance of the Allied Health Professional Services. She said as at June 2017, there were a total of 2,746 patients waiting more than 13 weeks, and that while the backlog had reduced during last year, it had grown again in the last 6 months.
In relation to access to the Adult Mental Health Services, members were advised that 171 patients waited more than 9 weeks, and this was deterioration in the good year end position which had been supported by WLI funding. New WLI funding would form part of the 17/18 bid.

In relation to psychological therapies members noted that 416 patients were waiting longer than the 13 week standard, and again the Trust expected to bid for WLI in this area.

Concluding her report Mrs Molloy advised that during June there were 413 complex discharges with 2,634 non-complex discharges, and performance had remained broadly stable.

The Chairman thanked Mrs Molloy for her comprehensive presentation.

7/17/11
FINANCE AND PERFORMANCE NOTES FROM MEETING HELD ON 6 JUNE 2017

Mrs Cummings referred members to the notes of a meeting of the Finance and Performance Committee held on 6 June for information.

She referred to the most recent meeting on 1 August and said that Committee received a presentation on reform and modernisation in respect of learning disability and day care and she recommended that these presentations be shared with colleagues.

She advised that members also received an update on expenditure in relation to medical locums and said Committee commended the performance of the 14, 31 and 62 day cancer targets.

7/17/12
AUDIT COMMITTEE ANNUAL REPORT 2016/17

Mr Campbell referred members to the Audit Committee Annual Report for 2016/17. He said the report summarised the work undertaken by the Committee during the past year and said that all the minutes of the Committee had come to Trust Board.

Members noted that both External and Internal Auditors had stated that the Trust had a satisfactory system of audit within the Trust.

Mr Campbell thanked all staff for their contribution to the Audit Committee during the year and in particular Mr Wade, Assistant Director of Finance. He wished Mr Wade well in his role with the Education Authority which he would take up in September. The Chairman endorsed Mr Campbell’s comments and asked Mrs Mitchell to pass to Mr Wade the Board’s best wishes.
Following consideration the Annual Report was approved.

7/17/13

POLICIES

Attendance at Work

Mrs McConnell advised members that staff side had sought further time to consider this policy. She said that it would come to the September Board meeting for consideration and approval.

Patient/Client Nursing and Midwifery Assessment and Record Keeping

Following consideration members unanimously supported the above policy.

Self-Discharge Contrary to Medical Advice in Acute Hospitals

Following consideration members unanimously supported the above policy.

7/17/14

MINUTES OF ENDOWMENT & GIFTS COMMITTEE MEETING - 6 JUNE 2017

Dr McIlroy referred members to the minutes of a meeting of the Endowment and Gifts Committee held on 6 June for information. He said that he was pleased with the way the Committee was operating and it was making progress in spending E&G funds.

Dr McIlroy said that 3 proposals for expenditure would be shared with members later for consideration and approval.

The Chairman commended Dr McIlroy for the progress being made by the Committee. He noted the active role undertaken by Mr Wade on the Committee and sought an assurance that his replacement would continue in this role. Mrs Mitchell confirmed that this would be the case.

Discussion took place regarding dormant accounts and it was noted that all Trust are working regionally to seek permission to spend these accounts.

7/17/15

MINUTES OF GOVERNANCE COMMITTEE MEETING – 29 MARCH 2017

The minutes having been previously distributed were approved as a true record of discussion.
7/17/16

**USE OF TRUST SEAL 2016/17**

The Chairman advised members that he is required to report to members on the use of the Trust’s seal. He advised that during the year Trust’s seal was used on 36 occasions.

7/17/17

**DRAFT EQUALITY ACTION PLAN 2017-2022 & DRAFT DISABILITY ACTION PLAN 2017-2022**

Mrs Molloy shared with members a draft equality action plan and draft disability action plan for the period 2017-22 for approval to proceed to consultation. She said the Plans were accompanied with a consultee letter and a supporting Trust draft local plan.

Following consideration members approved the Plans to proceed to public consultation. It was noted the plans would come back to Trust Board for formal approval with a report on the consultation exercise in due course.

7/17/19

**TENDER AWARDS**

There were no tender awards for approval.

7/17/20

**TRUST FUNDS**

Mrs McKay shared with members 3 proposals for expenditure from Endowment and Gifts Funds:

- Appointment of Practice Educator - £50,765 for 2 years (totalling £101,530) – Cardiac Fund and Renal Services Fund;
- 2 Project in respect of Diabetes – education and Type 1 support - £51,400 – Diabetes Centre;
- 2 Video conferencing Units for Urgent Care and Treatment Centre, Omagh and Outpatients Department, Omagh Hospital - £15,280 – TCH Patients’ Welfare

Dr McIlroy confirmed that the E&G Committee had fully considered the proposals and had their unanimous support.

Following consideration the proposals were unanimously supported by the Board.
7/17/21
ISSUES FROM THE PATIENT AND CLIENT COUNCIL

Mr Dixon thanked the Chairman for the opportunity to address members and he also added his best wishes to Dr Kilgallen in her new post.

Mr Dixon drew members' attention to a report which the Patient and Client Council will publish in the first week of September on the patient experience of end of life care. He said this short report was based on the experience of 55 people who raised complaints and concerns relating to the death of a loved one and makes three recommendations.

Mr Dixon also stated that the PCC continued to receive complaints on issues such as domiciliary care and elective care waiting times.

7/17/22
ANY OTHER BUSINESS

There were no further items of business.

7/17/23
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 September 2017 at 10.30 am in the Omagh Hospital and Primary Care Complex.

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Mr N Birthistle
Acting Chairman
7 September 2017