Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 October 2017, at 10.00 am in the Large Lecture Theatre, 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
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
Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People
Dr D Hughes, Medical Director
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mrs A McConnell, Director of Human Resources
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chairman/Chief Executive
Mrs M Hegarty, Patient Story
Mrs C Oates, Chemotherapy Unit Manager (Patient story only)

10/17/1

CONFIDENTIAL ITEMS

10/17/2

CHAIRMAN’S BUSINESS

The Chairman began by welcoming everyone to the October meeting in Londonderry. He welcomed Ms Danielle Logan, his mentee, and Mrs Denise Mulgrew, General Management Trainee, to the meeting.

The Chairman said he would suspend standing orders as speaking rights had been granted to Mr Joe McCusker, Regional Organiser, UNISON.
Mr McCusker said he was present today to raise with members UNISON’s concerns with regard to the external providers who had been awarded contracts to deliver the Trust’s external domiciliary care contract.

Mr McCusker alluded to the tender specification for the recent contracting process and said the Trust had refused to share the specification with UNISON even though others Trusts had done so. Mr McCusker again asked that the Board revisit this decision.

Mr McCusker referred to the phased implementation of the new contracts from July 2017 and said issues had been highlighted to UNISON which included clients not receiving their full care and TUPE regulations not being adhered to. He said some members had reported that care plans were not being properly updated for clients and staff were not properly trained for the tasks they were being asked to carry out.

Mr McCusker repeated that UNISON continued to have issues with regard to zero wage increases, zero hour contracts and payment for travel. He said UNISON was experiencing difficulties in staff being afforded their rights in relation to sick leave and maternity leave and staff being allowed to join UNISON.

The Chairman thanked Mr McCusker for his presentation. He said his points were duly noted and that he would ensure a response is issued to the points raised in due course.

The Chairman continued with his business report of issues from the previous meeting.

- The Chairman advised that during the month there had been extensive consultation internally and externally with staff, members of the public and MPs/MLAs/local Councillors on the Trust’s savings proposals for 2017/18.

He reminded members today was the final date for comments and a full report of all comments would be developed and shared for consideration and discussion at the Extraordinary Trust Board meeting taking place on Friday, 13 October at 12 noon in Foyle Arena, Londonderry.

- The Chairman advised that Mrs Cummings, Mrs O’Kane, Mrs Doherty and he had their terms of office extended to 31 March 2018, or until a new Health Minister is in place and new appointments can be made.

- On 20/21 September the Chairman was pleased to attend the annual CTRIC Conference. The theme of this year’s conference was “Making the right decision,
for the right patient, at the right time” and also provided an overview of the Centre for Personalised Medicine, Clinical Decision Making and Patient Safety.

The Chairman said the conference focussed on how the academic and business sectors can provide insight into how best to improve clinical decision making for clinicians, allied health professionals and the patient. In particular it explored how digital healthcare can assist and improve clinical decision making.

- The Chairman was delighted to advise that the Renal Unit at Altnagelvin Hospital was awarded the top award in the Healthcare category in this year’s Northern Ireland Amenity Council’s Best Kept Health & Social Care Awards.

Members were advised that the Renal Unit impressed the judges with its environmental initiatives and projects that help staff and service users come together to make an improvement to their surroundings, and to create a place for everyone to enjoy.

The Chairman added his personal congratulations to the Renal Unit for this fantastic achievement.

10/17/3

CHIEF EXECUTIVE’S REPORT

Dr Kilgallen referred to a report of her business since the last meeting.

- As alluded to by the Chairman, she advised that members of the Corporate Management Team had participated in a significant number of meetings, engaging with various staff and key stakeholders with regard to the Trust’s draft savings proposals. She said there had been a very significant response from staff and public to date.

- During the month Dr Kilgallen had introductory meetings with MLAs/MPs as she was keen to connect with elected representatives. She said these meetings had been productive and discussion had taken place on a range of issues.

- During the month a workshop, led by the Director of Human Resources, took place to examine organisational culture. Members were advised that this work seeks to understand and encourage the attributes that mark the Trust as a “great place to work” and to promote a culture of care for staff within the Trust.

Dr Kilgallen said the Group would consider a number of workstreams including psychology and the workforce, communication across the organisation, staff health and wellbeing, and leadership and succession planning.

- Dr Kilgallen advised that one of her key priorities on taking up post has been to connect with colleagues in primary care. On 20 and 27 September she met with all GPs in the Western Trust area to discuss pressures in the service and how the
Trust and GPs can work collaboratively to improve services in the interests of patients.

She reminded members that during August the Trust appointed Dr Ciaran Mullan as GP Associate Medical Director and he had now taken up post. She said the main purpose of this post is to strengthen links between GPs, Trust Clinicians and Service Managers, leading to greater integration between primary and secondary care. Dr Kilgallen added that Dr Mullan will support service modernisation and reform and he will provide professional advice to senior management within the Trust on a wide range of issues where a GP perspective can enhance strategic direction.

- Dr Kilgallen was delighted to advise that the Trust has been invited to join the Flow Coaching Academy Programme and will prepare to host the Northern Ireland local Flow Coaching Academy – ‘FCA Northern Ireland’. She explained that the Trust would join the Academy in February 2018.

She said the Flow Coaching Academy programme aims to develop a learning network of Flow Coaching Academies (FCAs) across the United Kingdom. The Academies will provide training to build team coaching skills and improvement science at care pathway level to improve patient flow through the healthcare system.

Mrs Woods commended the work of the Flow Academy and the Culture Group.

- Finally, Dr Kilgallen advised members that an unannounced acute hospital inspection had commenced in the South West Acute Hospital on Tuesday, 3 October and would conclude today. She said she would attend the feedback meeting at lunch time.

10/17/4
APOLOGIES

Apologies were received from Mrs O’Kane, Non-Executive Director.

10/17/5
DECLARATION OF INTERESTS

Mrs Doherty declared an interest in respect of an item discussed under Confidential Business.

10/17/6
MINUTES OF PREVIOUS MEETING

The minutes of the previous Board meeting held on 7 September having been previously distributed were approved as a true and accurate record of discussion.
10/17/7

**MATTERS ARISING**

There were no matters arising.

10/17/8

**QUALITY AND SAFETY**

**Patient Story – Acute Services**

The Chairman welcomed Mrs Mary Hegarty, patient story to the meeting.

Mrs McKay reminded members that October is breast awareness month and it is also the 25th anniversary of the pink ribbon. She said Mrs Hegarty’s story was inspirational and she was delighted that she had agreed to share it with members. Mrs McKay also welcomed Mrs Caroline Oates, Chemotherapy Unit Manager.

Mrs Hegarty thanked members for the opportunity to attend the meeting. She shared her story beginning with her diagnosis in March 2016 and described her pathway to surgery in August 2016. Mrs Hegarty said she underwent radiotherapy in Belfast City Hospital and her treatment concluded in June 2017.

Mrs Hegarty said the professionals she encountered during her pathway had been second to none. She said her experience was mainly very positive with seamless care from all the different teams and departments within Altnagelvin Hospital and the Cancer Centre in Belfast.

Mrs Hegarty said as well as the cancer services being amazing the network of support from Macmillan, Cancer Focus and Irish Cancer Care had been amazing.

Mrs Hegarty shared fundraising which she, friends and family had undertaken as she wanted to put something back for the care she received. She said she organised a Sparkle Ball which raised £15,000 which was donated to a number of voluntary organisations and charities.

Non-Executive Directors thanked Mrs Hegarty for sharing her journey and recognising the hard work, dedication and skill of all staff involved in her care. They asked if there was anything that could be improved. Mrs Hegarty referred to the CLIMB programme which is a programme to support children affected by a loved one who has cancer. She said the programme focussed on 5-12 year olds and she suggested this programme be extended as children older than 12 are affected by a cancer diagnosis as was the case for her.

Mrs Hegarty was thanked profusely for attending the meeting and for being a great ambassador for the Trust’s services.
**Infection Prevention and Control Update**

Dr Hughes referred members to an update in respect of infection prevention and control.

He reminded 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 it was likely that this challenging reduction target would not be achieved as to date 36 cases had been reported with 16 of those being categorised as community associated. He reported that performance was off profile with an overall increase of 28.57% compared to last year which comprised an increase in healthcare-associated infection cases of 33.33% against an increase in community-acquired infection cases of 25%.

Dr Hughes outlined a number of key actions to manage *C. difficile* which include the implementation and audit of the High Impact Intervention (HII) care bundle for *C. difficile*, weekly IPC Nurse review, audit of compliance with the HII bundle for *C. difficile*, weekly multidisciplinary *C. difficile* ward rounds, antimicrobial prescribing audits, antimicrobial ward rounds, the development of a multidisciplinary Quality Improvement programme, increased focus on the prevention and control of *C. difficile* at IPC mandatory training, and shared learning events for ward managers and professional leads.

Continuing Dr Hughes referred to the MRSA bacteraemia reduction target for 2017/18 which is 5. Since the beginning of April 2 cases have been reported both of which were categorised as community-associated. As such, the Trust is currently on track to achieve the target, with a cumulative decrease of 20% compared to 2016/17.

Members were advised that as of 27 September 2017, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:

- Altnagelvin Hospital – 756 days
- South West Acute Hospital (SWAH) – 592 days
- Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 986 days

Dr McIlroy welcomed the additional measures in respect of managing *C. difficile*. He also welcomed the support of the PHA in addressing this.

Dr Hughes referred to the difficulty in managing the prescribing of antibiotics in the community and said the antimicrobial stewardship meetings were looking at this.

Mrs Woods asked what learning was being gleaned from the audits. Dr Hughes advised that each time there is a case of *C. difficile* a root cause analysis is undertaken. He said early learning from this analysis showed that there were very few cases which could have been preventable. He said the majority of cases were related to the prescription of broad spectrum antibiotics but he welcomed all of the measures which have been put in place to manage this.
Dr McIlroy said he was concerned that 80% of cases were outside the control of the Trust yet the expectation is that the Trust will manage this. He said he welcomed Dr Mullan’s appointment and the work that can be taken forward on this however he said a regional approach was also required.

Dr Hughes clarified that the target is not split between hospital acquired and community acquired. He said the PHA believed that the Trust should influence GPs in regard to the prescription of antibiotics. He said statistics show that antibiotic prescribing in Northern Ireland higher than in other parts of the UK.

**Environmental Cleanliness Update**

Dr Brown referred members to the above audit overview for August 2017.

Referring to bi-monthly reports Dr Brown advised that overall compliance was 87% with 13% not carrying out the audit as per the standard of 2 audits per month. He said that discussions were being held with the Directors for those areas that had not met the standard.

In relation to quarterly audits members were advised that compliance for the second month of the quarter was 53%.

In respect of the 6 monthly audits compliance it was noted that for fifth month of the 6-month compliance, 52% of audits had been carried out with 48% of audits still to be completed during the 6-month period.

In respect of managerial audits Dr Brown said 2 audits had scored less than 75% - Laboratory in South West Acute Hospital and Lisnaskea Health Centre. He said in respect of Lisnaskea the difficulty was that the audit included those parts of the Health Centre which were not used by the Trust.

Dr Brown said that there were a number of compliance ratings which need addressed and he would address these with the relevant director.

**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 currently 25 risks on the register as approved at Governance Committee on 27 September 2017.

Dr Hughes referred to risk ID771 which had been de-escalated as approved at the June Governance committee meeting. He said the risk was now being managed on the Women and Children’s Directorate register with input as required from the relevant Directorates.

Members noted that there were no amendments for approval.
Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 August 2017 contained in the papers.

Mrs Mitchell advised that the Trust is reporting a deficit of £9.98m as at 31 August 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 appliance equipment, laboratory consumables, domiciliary care, community equipment and Looked After Children. She stated that discussions are continuing with Directorates to agree how these costs can be contained.

Mrs Mitchell reminded members that the forecast year-end deficit is currently £23.5m based on the assumption of full delivery of the savings plan.

Mrs Mitchell advised that discussions are continuing with the HSCB and DoH in relation to how the deficit is to be addressed.

Mrs Mitchell referred members to Table 2 and advised that the Acute Directorate had increased its overspend from the previous month with the Primary Care and Older People’s and Women and Children’s Directorates having decreased their level of overspend despite having a number of financial challenges. She noted that the Adult Mental Health and Disability Directorate remained 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.

Mrs Mitchell advised that she had factored into the Elective Care analysis at Section 5 the bid for Quarters 3 and 4 amounting to £800k. It was noted that the total allocation for Elective Care is £1.57m with £519k spent at the end of August.

Mrs Mitchell referred members to Section 6 and advised that the 3 service Directorates of Acute, PCOP and Women and Children’s services had worked closely with Finance in the past month to develop £12.2m of plans against the internal financial savings target of £14.8m.

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

Mr Campbell commented on the consistent reporting of the financial position and the aim of reaching a breakeven position by the end of the year. He stated that the Trust is currently overspending by £2m per month and that the off plan pressures referred to by Mrs Mitchell were being absorbed on a corporate basis.

Dr McIlroy referred to the medical locum spend and the aim of containing the total in-year spend at the same level or below that of the previous year. He stated that the Trust had been spending on average an additional £2m per year on this area. He
asked Mrs Mitchell how much would be saved if the regional medical cap was implemented. Mrs Mitchell advised that £700k had been factored into the savings plan which would be generated from an implementation date of 1 November so a yearly saving would be in excess of £1.5m.

10/17/10
PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end August 2017. She said she would present to members the month 5 performance highlights, an update on improvement trajectories for hospital and community services and provide an update in respect of winter resilience planning.

In respect of improvement trajectories, Mrs Molloy advised members that the Department of Health was advancing with draft HSC performance framework, and that the Trust had submitted trajectories on all the required areas with the exception of Adult Mental Health, where discussion was ongoing with the service. Members noted the position submitted and that it would not deliver improvement in all areas, as was the intention with the draft Performance Framework.

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

- 76% of patients were treated and discharged home or admitted within 4 hours of arrival in ED.
- 26 patients waited in ED in excess of the standard that no patient should wait longer than 12 hours;
- 89% of patients commenced their treatment following triage within 2 hours, which was well in excess of the 80% target.

Mrs Molloy said the cumulative performance for the first 5 months of the year was the best performance of all Trusts and saw an improvement in performance against all 3 targets within the Trust however the trend had dropped significantly over the summer months. Members noted the position with nurse workforce shortages and closed beds had impacted flow, and in response to a question about the pilot of the control room, Mrs Molloy advised that it had not been possible to sustain a reliable rota in August and that in her view was a contributory factor affecting performance.

Mrs Molloy advised members that a performance improvement trajectory for 4 hour performance in ED had been submitted to the Health and Social Care Board with a prediction of a 1% improvement from the 2016/17 position of 75%. Mrs Molloy said this would be monitored by HSCB monthly.

Referring to winter resilience planning, Mrs Molloy advised that a workshop would take place on 16 October with the Health and Social Care Board and the North West Utilisation Management Unit (NWUMU). She outlined a number of key messages
emerging from the system-wide review of Trust plans, and said it was anticipated that the Trust’s winter resilience plan would be signed off early in November.

Continuing with performance on cancer services Mrs Molloy advised that the Trust’s performance against the 14 day breast standard was again 100% with 218 patients being seen in August. In relation to the 31 day standard the Trust’s performance also continued to be 100% with 116 patients commencing their treatment in August 2017.

In respect of performance against the 62 day access standard, Mrs Molloy advised that during August 58.5 patients commenced treatment. She said the Trust had achieved compliance of 90% for July with 6 breaches concerned with lower GI and urology tumour sites.

Mrs Molloy advised members that a performance improvement trajectory for cancer performance had been submitted to the Health and Social Care Board with a prediction to maintain performance from 2016/17. She said this would be monitored by HSCB monthly.

In respect of fracture services Mrs Molloy advised:-

- The Trust’s performance against the standard that 95% of hip fracture patients should receive inpatient fracture treatment within 48 hours was 95%, meeting the ministerial standard. 42 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, 125 patients were treated in August 2017 with 90% of patients being treated within 48 hours. 12 patients were over 48 hours. She added that this was the highest number of patients treated in any month this year to date.

- In respect of all fractures within 7 days, 100% of patients were treated within 7 days with 146 patients treated in August 2017.

Mrs Molloy commended the excellent performance in this service during August.

Mrs Molloy referred to elective access for new 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 August was 30% against a regional average performance of 27%. She advised that 23,767 patients were waiting more than 9 weeks and 8,672 patients were waiting longer than 52 weeks. Mrs Molloy said that while limited in-house 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 continuing to grow, which demonstrated the intractable issues in some specialties, including workforce issues.
Mr Campbell asked if the Trust was getting to the point where this position was becoming untenable given the numbers waiting more than 52 weeks was increasing with the longest waits being 3 years. Mrs Woods was concerned that the scale of the waiting list would now take considerable time and effort to address, and asked what strategies there were to take this forward. Mrs Molloy said a further reduction of elective care to deliver savings would make the position worse, and Trust Board would wish to consider that at the upcoming special Trust Board meeting on savings plan proposals. She advised that the draft Elective Plan submitted by HSCB to DoH earlier this year foresaw a 5 year plan to restore waiting times within ministerial targets, however she said it remained unclear as to when there would be additional funding to take this work forward. She said that given the scale of the programme of work there would be a need for IS capacity as an interim measure, while HSC undertook its own programme to build internal HSC capacity as part of the HSC Transformation agenda.

Concern was expressed by members with regard to the number of patients waiting and the impact this was having on their general health. It was noted that patients were often coming into hospital with more complex healthcare needs and more acutely ill. Dr Hughes said that GPs were feeding back that patients were seeking support in primary care including medication required while they await treatment.

Mrs McKay said that if additional funding was made available for the independent sector it would be less complex patients that would be most suited to that route for treatment, which may not assist in addressing the longest waiting patients, and would not assist those waiting for an outpatient appointment.

Mr Campbell referred to the call reminder service and asked about the recent press coverage about a withheld number being used by the Trust when contacting patients. Mrs McKay advised further work was planned to explore what options would be available to address this concern. Dr McIlroy said this seemed to be a common problem and a solution would be welcomed.

Continuing with diagnostic standards, Mrs Molloy advised that the Trust, for the first time in recent years fell well short of the Ministerial standard on diagnostics access that 75% of patients should wait no longer than 9 weeks for a diagnostic test with performance being 67% in August. The causes of this have previously been briefed to Trust Board and remain largely due to under-delivery in echocardiograms and audiology services. She reported that the Trust had been undertaking additional activity to address the echoes waiting list and this would continue during 2017/18 subject to availability of funding. However in respect of standard that all urgent diagnostic tests are reported on within 2 days of the test being undertaken the Trust’s performance had been 95%.

In relation to endoscopy Mrs Molloy advised that there were 252 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 were 18 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.

Mr Downey advised that the number of Looked after Children is currently 611. He said this was an unprecedented number and that this number was putting a significant strain on services. He said the last time a financial assessment had been undertaken as part of the SAFRA process the number of looked after children had been 511, which even at that level resulted in a funding shortfall of £750k, which had been accepted by HSCB. Mr Downey said these numbers were creating an enormous strain on foster care/kinship care and staff. He said that the age profile of children coming into the care of the Trust was increasing with more adolescent children coming into the care of the Trust with addiction and challenging behavioural issues.

In relation to PCOP members were advised that there was a small decrease in the number of patients waiting longer than the standard for access to dementia services with 88 breaches.

In relation to access to the Adult Mental Health Services, members were advised that 241 patients waited more than 9 weeks, and this was deterioration in the very good year end position which had been supported by WLI funding. Mrs Molloy advised that new WLI funding for this service would form part of the 2017/18 bid.

In relation to psychological therapies members noted that 513 patients were waiting longer than the 13 week standard, and again the Trust again expected to bid for WLI in this area. Mr Millar said that he was developing a plan to improve this position.

Mrs Molloy advised that during August there were 567 complex discharges with 2,329 non-complex discharges, and performance had remained broadly stable.

Mrs Doherty asked what assurances the Trust has in place when a patient is placed in a nursing home, given the recent findings at Ashbrooke nursing home. Dr Brown assured that regular reviews of the patient/care provided are carried out and said that staff would visit the facility regularly. Learning from the issue would be identified and taken forward.

Mrs Molloy shared with members the performance of the Allied Health Professional Services. She said as at August 2017, there were a total of 3,361 patients waiting more than 13 weeks. Mrs Molloy shared with members graphical information showing the number of patients waiting longer than 13 weeks and said that at 31 August 2017 the number of breaches had increased in all AHP services. Mrs Molloy advised that these services were customarily affected by staff turnover, maternity leave and sickness absence, and there was a tight control on backfill due to the need to meet agreed budgets and savings targets, this was undoubtedly affecting capacity and the performance levels being attained.

In concluding her report Mrs Molloy advised members that improvement trajectories were largely agreed across acute and mental health services. She said there
would be a reassessment position in light of decisions of 2017/18 savings plan consultation.

The Chairman thanked Mrs Molloy for her comprehensive presentation.

10/17/11
FINANCE AND PERFORMANCE NOTES OF 5 SEPTEMBER 2017

Mrs Cummings referred members to the notes of a meeting held on 5 September for information.

Mr Campbell sought clarity in respect of the shortfall in junior doctors and he was advised there are 135 posts filled by locums across the Trust's geography. It was noted that the next intake of junior doctors will be February 2018.

Mrs Cummings advised that at the most recent meeting the Committee received a very informative presentation on maximising attendance by Mr McGrath, Assistant Director. Dr McIlroy referred to the work of QICR in this respect and said that significant progress was being made.

Mrs Woods referred to the work of the culture group and it was noted that this would benefit the Trust’s absence rate.

10/17/12
ANNUAL REPORT ORGAN DONATION 2016/17

Mrs Molloy referred members to the Trust’s Annual Organ Donation Report 2016/17.

Mrs Molloy said throughout the year the Committee had worked diligently in ensuring that organ and tissue donation had become a routine part of ‘the end of life’ care which the Trust provides.

She advised that the various steps in the process of securing donors and successful donation were monitored and analysed continuously by specialist staff including the Trust’s Clinical Lead and the Specialist Nurses.

Members were advised that promoting donation remained high on the Trust’s agenda and every opportunity was seized at a local, regional and national level to raise awareness of the importance of organ donation. She said during the year the Committee had increased its promotional work and on 30 November it would be unveiling a Life Candle to mark organ donation.

Mrs Molloy said she was delighted to advise that the Trust was now in a position to offer ocular retrieval delivered by the Trust’s Ophthalmologists. The necessary work to support and assist ICU nurses and doctors with their role in the process and similarly to assist the ophthalmologists is being developed and will be cascaded in due course.
Mrs Molloy said it would not have been possible to have achieved the progress made in 2016/17 without the dedication and commitment of the Trust’s Lead Clinician for Organ Donation, Dr Declan Grace, Consultant in Anaesthesia and Critical Care Medicine and the Specialist Nurses, Martina Conlon and Maria Coyle who are based at Altnagelvin and South West Acute Hospitals. She said they had worked tirelessly throughout the year in supporting families, staff and the Organ Donation Committee in a range of invaluable activities. With all of its partners the Western Trust is well placed to build upon the excellent progress made in recent years.

Mrs Molloy commended the report to members.

10/17/13

POLICIES

Claims Management
Verification Life Extinct
Venous Thromboembolism (VTE) Prophylaxis for Adult (>16) Outpatients with Lower Limb Injury

Following consideration the above policies were approved unanimously by members.

10/17/14

ANNUAL PROGRESS REPORT 2016/17 REPORT TO EQUALITY COMMISSION NORTHERN IRELAND

Mrs Molloy referred members to the above report for consideration and approval. She advised that the Trust was required by the Equality Commission to submit an Annual Equality Progress Report which evidences sustained commitment to meet statutory obligations under Section 75 of the NI Act 1998 and Section 49A of the DDO 2006. Mrs Molloy confirmed that there had been significant progress in all areas of the Trust’s Equality Scheme, Section 75 Equality Action Plan and Disability Action Plan.

Following consideration members unanimously approved the Trust’s Annual Progress Report 2016/17.

Mrs Molloy confirmed the Trust’s Report would now be forwarded to the Equality Commission.

10/17/15

REVIEW OF RESIDENTIAL CHILD CARE

This item was deferred to a future meeting.
10/17/16
**ENDOWMENTS & GIFTS COMMITTEE MINUTES OF 5 SEPTEMBER 2017**

Dr McIlroy referred members to the minutes of a meeting of the Endowment and Gifts Committee which took place on 5 September.

10/17/17
**REVISED MANAGEMENT STATEMENT & FINANCIAL MEMORANDUM**

Mrs Mitchell advised members that it is a requirement of Managing Public Money Northern Ireland that the Department of Health agrees a Department of Finance approved Management Statement and Financial Memorandum with each of its arm’s length bodies.

She said the Management Statement and Financial Memorandum defined the relationship between the Health Minister, the Department of Health and the Arms’ Length body concerned, setting out the control framework within which that relationship is to be managed, and lays down the main duties to be performed by each party.

Mrs Mitchell said these documents had been reviewed with suggested changes being agreed with the Trust Directors of Finance, the Department of Health Governance Unit and final clearance by the Permanent Secretary.

Mrs Mitchell referred members to the updated Management Statement and Financial Memorandum which had been signed by the Chief Executive for their information.

10/17/18
**BANK MANDATES**

Mrs Mitchell advised that as a result of Dr Kilgallen’s appointment as Chief Executive and the extension of Mr Birthistle’s term of office it was necessary to add Mr Birthistle and Dr Kilgallen to the Trust bank mandate.

She sought member’s approval to replace the former Chairman with Mr Birthistle and to replace the former Chief Executive with Dr Kilgallen on the Trust’s bank mandate.

Following consideration these amendments were unanimously approved by members.

10/17/19
**TENDER AWARDS**

There were no tender awards for consideration.
10/17/20

**TRUST FUNDS**

There were no Trust funds for consideration.

10/17/21

**ISSUES FROM THE PATIENT AND CLIENT COUNCIL**

Mr Dixon thanked members for the opportunity to address the Board.

He advised members that the Patient and Client Council had written to the Permanent Secretary expressing its concerns about the impact of the savings programme currently being consulted upon. He said it was the view of the PCC that these savings plans were counter strategic and should therefore be suspended.

He said that the issue of long waits for elective surgery continued to be an area which the PCC is concerned and said while he accepted demand and capacity pressures, the reality was that those patients waiting were becoming sicker, frailer and more dependent on pain relief.

Mr Dixon said he would be meeting the Chief Executive shortly and he would be addressing this and other issues directly with her.

10/17/22

**ANY OTHER BUSINESS**

There were no further items of business.

10/17/23

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on 2 November 2017.

It was however noted that an extraordinary meeting of Trust Board will take place on Friday, 13 October at 12 noon in Foyle Arena, Limavady Road, Londonderry.

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Mr N Birthistle
Chairman
2 November 2017