

**Minutes of a meeting of the Western Health & Social Care Trust
Board held on Thursday, 1 February 2018 Training Room, Omagh
Hospital and Primary Care Complex, Omagh at 9.30 am**

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

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

Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr M Gillespie, Assistant Director Acute Services
Mrs P Crozier, Assistant Director Human Resources
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chairman/Chief Executive

2/18/1

CONFIDENTIAL ITEMS

2/18/2

CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the February Board meeting in Omagh.

He said members would be aware that the Report into Hyponatraemia-related Deaths in Children in Northern Ireland had been published on 31 January 2018. He said the Chief Executive and officers of the Western Trust attended the launch event

and referred to a statement jointly agreed by the Belfast, Southern and Western Trusts.

The Chairman read the statement.

“We unreservedly apologise to the families of Adam Strain, Claire Roberts, Lucy Crawford, Raychel Ferguson and Conor Mitchell for our many failings.

We welcome the publication of the Report and we thank Sir John O’Hara and his Inquiry Team for their extensive work. We will urgently review the recommendations to ensure that all possible steps have been taken to prevent this ever happening again.

We made mistakes, we were not as open and transparent as we could and should have been and opportunities to learn from each other to make our care safer were missed – for this we are truly sorry.

There can be no greater pain for a parent than to lose their child and then to learn that errors occurred which were avoidable.

Since these tragic deaths significant lessons have been learned in how we safely manage fluids in children and many improvements have been put in place.

Although much has been achieved to promote an open and transparent culture, we know that much more still needs to be done. We are wholly committed to achieving this and welcome the recommendation of a duty of candour.”

2/18/3

CHIEF EXECUTIVE’S REPORT

Dr Kilgallen advised members that she was present when Mr O’Hara launched his report of the Inquiry into Hyponatraemia-related Deaths. Dr Kilgallen said she was accompanied by Dr Hughes and Dr Brown on behalf of the Trust Board.

Dr Kilgallen said it was harrowing to listen as Mr O’Hara delivered his primary findings and results. Mr O’Hara was unequivocal in his findings that the deaths of each of the 4 children whose deaths he examined were avoidable. He found conclusively that in each case, care was below acceptable standards and the deaths of the children occurred as a result.

Dr Kilgallen said Mr O’Hara said that lessons were not learned or shared in the time period covered by his investigation.

In the case of Lucy Crawford, Mr O’Hara spoke of the lack of candour and professionalism. In relation to Raychel Crawford, Mr O’Hara spoke of lack of openness and sincerity on the part of Altnagelvin Hospital and the fact that Mr and Mrs Ferguson were not told the truth. He said that opportunities for entire and more

effective action organised centrally were missed. He spoke of the lack of a system at that time for making the Chief Medical Officer/Department of Health aware of untoward events.

Finally, Mr O'Hara said that in 2013 he examined whether things were any better. In his report Mr O'Hara said that the report was not intended to be "*a comprehensive and up to the minute account of the current position*".

In his report Mr O'Hara said (at point 8.101) *of all the themes emerging from the evidence to the Inquiry, the most disquieting had been the repeated lack of honesty and openness with the families.* He said "*I recommend that a duty of candour be attached to individuals as well as organisations in the event of death or serious harm and that criminal sanctions should apply*".

Mr O'Hara described the efforts that staff at Altnagelvin made to raise and act on concerns about fluid management and hyponatraemia and to share the learning from the death of Raychel. He did however say that the full facts were only revealed by a long inquiry. He concluded "*Put the public first*". The focus on "*litigation is unhelpful*". "*Listen, talk and tell the truth to parents*". He referred to the Western Health and Social Care Trust fully and publicly accepting responsibility for the death of Raychel in August 2013, followed by the Belfast and Southern Trusts in October 2013.

Concluding Dr Kilgallen said the next steps for the Western Trust is to read the report and bring Trust Board together to discuss and plan. She said Board need to fully understand the recommendations and whether any can be implemented within current resources and prepare for implementation whilst waiting Ministerial approval.

2/18/4

APOLOGIES

Apologies were received from Mrs G McKay, Director of Acute Services, and Mrs A McConnell, Director of Human Resources.

2/18/5

DECLARATION OF INTERESTS

There were no declarations of interests expressed.

2/18/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous Board meeting held on 11 January 2018 having been previously distributed were approved as a true and accurate record of discussion and were duly signed.

2/18/7

MATTERS ARISING

12/17/15

Looked After Children - Corporate Parenting Participation

Mr Downey referred to previous discussion and agreement that revisions would be made to the paper and shared again with members.

He reminded members that the Young People's Corporate Parenting Forum is an opportunity for care leavers and Looked After Children to speak directly to senior corporate parents about the issues that affect them most about being in care and leaving care.

Mr Downey advised that the Chairman and Chief Executive are meeting a group of young people on 15 February as part of Care Week. He said by way of preparation young people had had an independent advocate to work with them.

The Chairman said that he looked forward to meeting the young people.

12/17/16

Revised Guidance For Trust Board Members Visiting Children's Homes

Mr Downey referred to previous discussion and agreement that revisions would be made. He said this Guidance had been developed to assist Non-Executive Directors in their role as visitor to residential children's units. He said the guidance detailed the role and responsibilities placed on NEDs and staff within the Children's Directorate.

Mr Downey said each Non-Executive Director would be aligned to one of the 6 children's units.

Members were advised that if there are any concerns there is a direct link for the NED to speak to the Assistant Director for Corporate Parenting.

Dr O'Mullan welcomed the model and said that key to the success of this programme would be showing young people that their concerns are addressed.

2/18/8

QUALITY AND SAFETY

Patient Story – Primary Care and Older People

Dr Brown welcomed Ms Dawn Wiley to the Board as this month's patient story. Ms Wiley was accompanied by Ms McCrossan, Occupational Therapist.

Ms Wiley shared her story with members. She said as a result of a flu like illness when she was 22 years old she was diagnosed with ME and by the end by the age of 27 she was bed ridden. She explained that with her condition amongst other things means that she cannot sit for any length of time. Ms Wiley said that for the past 20 years she has been unable to go outside.

Ms Wiley said in 2016 she was given a tilt and recline power wheelchair and said that this had transformed her life. She said she called her chair "Freedom Wheels" and that was exactly what the chair had given her. She said that for the first time in a very long time she felt she was part of society again and that she was now able to go outside every afternoon, regardless of the weather.

Ms Wiley shared with members the trips she has been able to go on. She said that she has been able to go for coffees, to parks and sight see. She said in September she was able to borrow a beach wheelchair and even though it was a very cold day she was able to visit the beach.

Ms Wiley thanked the Trust and its staff for changing her life for the better.

The Chairman thanked Ms Wiley for sharing her story. He said he was delighted to see the positive impact the wheelchair had on her quality of life and said that he was pleased she was assisting the Trust in other areas such as the Wheelchair Users Group and being a spokesperson for powered wheelchair users.

Ms McCrossan explained the technicality of the wheelchair and said that while the chair was a standard model it had been built with specific modifications to suit Ms Wiley. She said because of Ms Wiley's medical condition the wheelchair was the only way Ms Wiley could tolerate the sitting position. She said Ms Wiley uses her wheelchair to full capacity and that it was great to see the independence the chair had given her.

Following discussion members thanked Ms Wiley for sharing her story.

Quality Improvement Monitoring Report – Falls

Dr Hughes shared with members a quarterly update in respect of Falls.

Members were advised that while falls continue to be the top incident reported, significant work continues to raise awareness of falls prevention across all care settings. He said there are different challenges in different areas.

Members were advised that December was designated falls awareness month and falls awareness information stands had been set up across the Trust to remind staff and members of the public of the importance of falls awareness.

Discussion took place on the Falls Co-ordinator post. It was noted that this post is a training and education role and the postholder will become a Quality Improvement Lead. Dr Hughes referred to an internal audit assignment which had a limited

assurance rating in respect of falls and said that he anticipated with the recruitment of the Co-ordinator significant improvements would be realised.

Dr Hughes advised that learning from falls which result in a moderate or above injury are shared with staff and reported to the Public Health Agency (PHA). He said a falls review group with Lead Nurses and the Corporate Risk Manager meets monthly to review the learning and to encourage accurate investigation and action planning. He added that the introduction of the Alamac nursing dependency system had also allowed staff in the acute wards in Altnagelvin and the South West Acute Hospitals to record falls more accurately and to more accurately identify patterns related to falls.

Referring to the statistical information within his report, Dr Hughes said the overall Trust compliance with the Fallsafe Bundle for October 2017 was 84% for Part A and 96% for Part B. He added that compliance for each adult inpatient ward was demonstrated in the graphs attached for members' information.

Dr Brown referred to the monitoring of the falls bundles across wards. He said that he would like to see this monitoring for the winter period and like to see information for South West Acute Hospital and Omagh Hospital and the risk factor between Altnagelvin Hospital and SWAH.

Infection Prevention and Control Update

Dr Hughes reminded members that the Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease in 2017/18 is 44; a reduction of 12 cases or 21.43% compared to last year. To date members noted that 58 cases had been reported and, therefore, the reduction target set had been exceeded. It was noted that 31 of these cases were classified as healthcare-acquired or associated as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However, members were reminded that this was not always an accurate predictor of being healthcare-associated. The remainder (27) were classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.

Continuing it was noted that the MRSA bacteraemia reduction target for 2017/18 is 5. Members were advised that since the beginning of April, 3 cases had been reported and these were all categorised as community-associated. Members noted that the Trust is currently on track to achieve the target with a cumulative decrease of 28.05% compared to 2016/17.

Dr Hughes advised members that Ward 50, Altnagelvin Hospital, has had an increased incidence of patients with Glycopeptide-Resistant Enterococci (GRE) colonisations. It was noted that 3 of the 4 GRE clinical specimens have the same pulsed-field gel electrophoresis (PFGE) typing and links in time and place to Ward 50/Sperrin Unit. He added that a further 2 specimen typings were awaited, with a third returning a typing of EC 14 (the same typing as previously seen in Ward 50 and other previous outbreaks in the Trust). This increased incidence has now been defined as an outbreak, but there is currently no evidence of ongoing transmission and no further positive specimens. Members were assured that the Infection

Prevention & Control Team are providing support and reviewing practice on the Ward/Unit since 2 November 2017 and all IPC measures are in place and improvements regarding standards of practice are being realised.

Members were advised that during January 2018 the Trust experienced an increase in the number of patients presenting at Emergency Departments and being admitted with suspected/confirmed Influenza and Flu-like Illness. This increase in seasonal Influenza, in conjunction with other existing service and staffing pressures, manifested in challenges to appropriate isolation in single rooms and/or capacity to cohort patients, also given the acuity of some of the patients concerned. Dr Hughes said the situation was managed by a daily incident meeting and continued to be monitored.

Dr Hughes reported that Ward 7, Altnagelvin, had experienced an increased incidence of unexplained/explained diarrhoea; the cause is not yet known. He said the Ward was closed to admissions from 19 January 2018. Again, Dr Hughes assured that all IPC measures were in place and the situation was being monitored.

Concluding Dr Hughes referred to Caesarean Section Surgical Site Infection surveillance. He said the Trust continued to achieve the highest compliance in the region with surveillance related documentation being 98.1% compared to an 80.4% regional average compliance rate.

Discussion followed Dr Hughes' report. Dr McIlroy referred to the reduction target for *C Diff* and said he felt the target was not realistic. He said in relation to this target the Trust was not in control to make improvements in a sustained way and that there should be a regional approach to this.

Environmental Cleanliness Update

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

Referring to bi-monthly reports Dr Brown advised that overall compliance had been 97%. He advised members that there had been an unannounced inspection by RQIA to the Neonatal Unit in the South West Acute Hospital and he said that although additional information had been requested, no concerns had been raised or issues for improvement identified.

In relation to quarterly audits members were advised that compliance for the end of the quarter was 94%.

In respect of the 6 monthly audits, it was noted that no audit scored less than 75% with overall compliance for the third month being 54%.

In respect of managerial audits Dr Brown said 1 audit had scored less than 75% - Ward 16 Altnagelvin Hospital. He assured members that other audit scores for Ward 16 had been over 90% and that he had no concerns in respect of this Ward.

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

Dr McIlroy said that the audit scores were encouraging and felt that where problems were being seen they were being addressed. He said he was pleased to see that improvement was taking place where the environment posed challenges.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Corporate Risk Register and Board Assurance Framework. He said there were 23 risks on the Register as approved at Governance Committee on 13 December.

Dr Hughes advised there were no material changes for consideration or approval. He stated one risk had been amended on the Register which required approval at a Corporate Management Team meeting in February prior to Trust Board approval. This related to a change in Risk ID51 where the risk rating had been changed from 16 to 12; and the description had been changed to “The inability of the Trust to achieve break-even”.

Dr Hughes reminded members that at the Trust Board workshop it was agreed that each risk would be reviewed to reflect the Corporate objectives for the Trust. He added that further refinement of outcomes had been developed in relation the 4 key themes and that the CMT would consider this at its February meeting to ensure the corporate risk register is reflective of the themes and the risk aligned to them. Dr Hughes said this work would be shared with members in due course.

Mr Campbell referred to the revised descriptor for Risk ID51 and suggested that the narrative be extended to include “... in the current year”. This suggestion was agreed.

2/18/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 DECEMBER 2017

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

Mrs Mitchell advised that the Trust continued to report a forecast year end deficit of £2.274m and that she continued to assume that this was covered as part of the regional HSC Financial Plan.

Mrs Mitchell advised that the Trust is reporting a deficit of £3.531m (0.8%) as at 31 December 2017.

Mrs Mitchell continued by referring members to Table 2 and advised that the Acute Directorate overspend had remained static compared with the previous month while the Primary Care and Older People’s and Women and Children’s Directorates had

reduced their overspends. 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 and stated that the Trust had incurred additional expenditure on medical locums during December which had increased the projected medical locum expenditure for the year to £16.8m.

Mrs Mitchell referred members to page 8 and noted that the Trust had received funding for Elective Care amounting to £3.4m and had spent £1.4m as at the end of December.

Mrs Mitchell referred members to Section 6 and reported that the savings targets were being comfortably delivered.

Mrs Mitchell noted that the Capital Resource Limit has increased to £37.6m.

Mrs Doherty stated that she was assured with the delivery of the savings targets and was pleased to note the increase in capital funding.

Mrs Cummings mentioned that the Finance and Performance Committee at its meeting the previous Tuesday had received a presentation on the QiCR project on International Recruitment of Medical Staff and advised that the Trust had recruited 49 doctors since the start of the project and that 32 remained in post.

The Chairman queried the impact on medical locum costs from the February 2018 intake of junior doctors. Dr Hughes stated that the Trust continued to experience problems with the allocation of junior doctors to the Western Trust.

Mrs O'Kane queried why there was a reduction in the number of doctors from Queens University. Dr Hughes stated that the education system had changed and this was having an impact on the number doctors working in the HSC system.

Mr Campbell referred to the spend on medical locums to cover F1/F2 posts. Dr Hughes stated that this was due to absence issues and also the intensity of the posts.

The Chairman asked whether there was any work being done regionally to address the medical locum issue. Dr Hughes said that there is a regional group which is looking at skill mix. Mrs Woods asked whether the new clinical physician role would help. Dr Hughes stated that this role was developed in the US where it is well established and it is envisaged it will help to support doctors.

Mr Campbell queried whether the Department of Health had progressed the proposal to introduce a regional cap on medical locum rates. Dr Hughes said that the Trust had brought this issue to the Department however it was yet to be introduced.

Dr McIlroy reminded the Board that the proposal for a regional cap on medical locum rates was part of the Trust's public consultation process on the savings proposals.

Dr Brown highlighted that he expected overtime expenditure to increase in January 2018 due to the pressures being experienced in the hospitals.

2/18/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period to end December 2017. She said her presentation would focus on the discussion at the Trust's recent Accountability Meeting with the Department of Health, Health and Social Care Board and Public Health agency, in respect of improvement trajectories for hospital and community services, and that she would also cover month 9 performance in a small number of other non-acute services.

Mrs Molloy referred to performance against unscheduled care targets. She said that performance attained in December against the 4 hour standard had been 73% with a cumulative performance for the Trust for year being 78%. She said the number of 12 hour breaches in December had been considerably higher than previous months, at 100 breaches, with a cumulative number of breaches for the year of 400. Members were advised that performance for unscheduled care standards had fallen for all Trusts in December, and that comparatively the Western Trust had performed better than any other Trust. She acknowledged that despite this performance was not what the Trust would have wanted given the preparations made for winter pressures. She noted that the Trust had exceeded the 2 hour target to commence treatment following triage at 87%.

In relation to hospital sites, members were advised that performance against the 4 hour standard in Altnagelvin Hospital for December 2017 had been 68% and performance in the South West Acute Hospital had been 71%. Mrs Molloy said this performance had again worsened in January with considerable problems with flow in both hospitals resulting in further deterioration against the performance standards for unscheduled care.

Mrs Molloy referred to the Trust's performance against the agreed improvement trajectory for the ED 4 hour standard. She said the forecast performance for 2017/18 is 76% and for the period 1 April 2017 – 31 December 2017 the actual performance had been 78%.

Dr McIlroy referred to the pressures in ED and the increase of 13% in the number of patients attending over the Christmas/New Year period. He said it was worth noting that the admission rate from ED had been relatively stable and said staff should analyse the reasons why. Mrs Molloy said that some new improvements had been implemented into ED which included Consultant presence till 8 pm so that Consultants can see patients and support junior doctors, to ensure that admission decisions were reviewed by senior decision makers.

Continuing with performance on cancer services, Mrs Molloy advised that the Trust's performance against the 14 day breast standard was again 100% compliance achieved for Western Trust patients, and 99% compliance when the patients transferred from the Southern Health and Social Care Trust are included. Members noted that 257 patients had been seen in December. She commended staff on the continuing efforts to support the Southern Trust, where there had been considerable service difficulties, requiring other Trusts to support patients on this pathway.

In relation to the 31 day standard the Trust's performance had been 100%. 113 patients commenced their treatment in December 2017.

In respect of performance against the 62 day access standard, Mrs Molloy advised that during December 50 patients commenced treatment. She said the Trust had achieved compliance of 90% for December with 5 breaches concerned with lower GI and urology tumour sites. She said these breaches in the main referred to inter-Trust transfers.

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 the Trust's performance against the 14 day breast cancer target was remarkable and while acknowledged by Trust Board it was not acknowledged by the press. Mrs Molloy said this information would be shared with local Councils in March. Mr Campbell endorsed Mrs Molloy's comments and said it is important the Trust highlights this performance for our population.

In respect of the 62 day cancer performance improvement trajectory, members were advised that actual performance for year to 31 December had been 88% against the forecast of 87%.

Mrs Molloy referred to elective access. She said against the standard 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, the Trust's performance at December was 27%. She said there were 24,203 patients waiting longer than 9 weeks and 9,921 patients waiting longer than 52 weeks.

In relation to the standard that at least 55% of inpatients and day cases are treated within 13 weeks, and no patient waits longer than 5 weeks for treatment, the Trust's performance was 37%. Members noted that 10,110 patients were waiting longer than 13 weeks and 4,357 patients were waiting longer than 52 weeks.

Mrs Molloy advised members that during 2017/18 the Health and Social Care Board had made available additional allocations for additional waiting list initiative activity to be undertaken in the independent sector. She said these allocations were helping the Trust to address areas of greatest risk in relation to inpatient/day cases, new and review appointments, endoscopy, echocardiograms and breast.

Mrs Molloy referred to the Trust's performance against delivery of core elective services. She reminded members that the Trust was now monitored against the

improvement trajectory agreed with HSCB, which was broadly on track, and not the Ministerial target. She said in respect of new outpatient appointments the Trust's actual performance for the period 1 April 2017 – 31 December 2017 had been in line with the agreed trajectory. In respect of delivery of care in respect of inpatient/day case the Trust's actual performance for the period was -9% against a forecast performance of -7.1%. Mrs Molloy shared the issues with this performance which included workforce challenges and said the Trust would be meeting the HSCB with regard to orthopaedics performance.

In relation to performance improvement trajectories in respect of mental health waiting times members were advised that the CAMHS 9 week standard was targeted to recover to a zero breach position by year end, but was currently off-plan and deteriorating. She said that the service had seen a significant increase in referrals in November and December. Dr McIlroy confirmed that discussion had taken place at the Finance and Performance Committee on this performance and said that the reasons for the position were well understood.

Mrs Molloy advised that access to Adult Mental Health services was also off plan at this point and Mrs Molloy described the work underway to review the high level of urgent referrals, validate waiting lists and undertake additional WLI-funded activity to improve the position.

Moving to Psychological Therapies, Mrs Molloy advised that Psychology staff recruitment challenges were impacting on capacity and performance, and that this was recognized as a regional issue with increasing levels of demand for these services. The reasons for the increasing demand is being examined by the service, and some waiting list initiative plans are due to commence to support a level of recovery of the breach position. Mrs Molloy said that all breach information was currently being validated by services prior to submission to HSCB, however this trajectory was considerably off-plan at this point and is predicted not to be recoverable by year end. Members noted that Mr Millar is meeting the Local Commissioning Group to review this service in the coming weeks.

Dr McIlroy referred to complex and non-complex discharges and asked for an update on the reasons for delay in respect of non-complex discharges across the Trust. He said he felt the Trust needed to prioritise this area of performance to support flow.

Mrs Molloy said that in respect of complex discharges these patients usually had complex needs and required care planning in advance of discharge. She said the hospitals continued to focus on discharge early in the day but that early discharge was a continuing challenge for the Trust and there was still work to be done. Discussion took place in relation to the establishment of "discharge lounge".

Mr Gillespie referred to the ambulatory care unit within Altnagelvin Hospital. He said this model gave GPs direct access to a Consultant and diagnostics and allowed patients with less complex healthcare needs to be treated quickly. He said this model was working well.

Dr O'Mullan referred to joint working between Trusts, the Department of Health, HSCB and PHA in respect of improving performance and asked what support was being given to Trusts on a strategic level. Mrs Molloy said the new accountability process included all the HSC organisations and it was giving the entire service a better understanding of all the pressures being experienced. It had meant that some collaborative actions had been taken forward between Trusts, that this was relatively limited at this point, but encouraging as system-working.

Mr Campbell sought clarity on whether the Trust Delivery Plan 2017/18 had been approved. Mrs Molloy advised that further clarity had been sought on a range of issues in December but no approval had been received.

The Chairman referred to the concerning performance in elective care. Dr Kilgallen advised that there are capacity issues across a range of specialities and said there was the added complexity of maintaining planned care when there are spikes in emergency care. Dr Kilgallen referred to regional discussions in relation to the establishment of Elective Care Centres and said this was being considered by the Department of Health. Mrs Molloy said work was ongoing by specialty to try and improve the waiting lists and said consideration was being given to day surgery in particular.

Dr McIlroy referred to the "Hub" and "flow" approaches and said the Finance and Performance committee were advocates of these. He said there was learning when you looked at conversion rates from ED.

The Chairman thanked Mrs Molloy for her informative presentation.

2/18/11

FINANCE AND PERFORMANCE COMMITTEE NOTES 9 JANUARY 2018

Dr McIlroy referred members to the above notes for information.

He referred members to the work of QiCR and said that while the target had been less it had been achieved. He said that of equal importance were the savings in-year and the recurring element of these savings.

The Chairman referred to spend above budget and said that spend on locum staff took place to ensure patient safety.

2/18/12

REVIEW OF RESIDENTIAL CHILD CARE – OUTCOME OF CONSULTATION

Mr Downey referred to previous discussion and shared with members the outcome of the consultation process.

Mr Downey reminded members that the consultation sought to review residential care to include enhancing front line family support services, reduce all children's homes to 6 bedded units, reform The Cottage Children's Home and move 84 Chapel Road.

Mr Downey said that as part of the consultation process a meeting had taken place with staff from the 2 residential homes and care planners for the affected children. He said the consultation paper was shared with the Trust's consultation group which endorsed the concept of early intervention to reduce admissions to care. He said it was agreed that the consultation period would run from 20 December to 25 January 2018.

Members were advised that only 1 formal response had been received to the consultation document and Mr Downey confirmed that a response had been issued.

In addition Mr Downey advised that the general feedback from front line staff was that they welcomed the additional support to prevent admissions into care.

On the basis of the consultation report Mr Downey asked members to approve the proposed way forward as described.

Following consideration members unanimously supported the proposed way forward.

2/18/13

POLICIES

- ***Internet***
- ***Email***

Mrs Molloy shared the above policies and following discussion they were unanimously approved by Trust Board.

- ***Electroconvulsive Therapy for Inpatients and Outpatients***

Mr Millar referred members to the above policy for approval.

Dr O'Mullan sought clarity on the training/dissemination of this policy to staff. Mr Millar assured that the draft policy had been discussed at both his Directorates and the Primary Care and Older People's Directorates Governance Committees and following approval it would be formally shared with staff. He said staff would be expected to sign a proforma to acknowledge receipt and the policy would also be made available on the Trust's intranet site. He added that the policy would be discussed at professional supervision meetings and would be included in the Trust Induction Programme for new staff.

2/18/14

TENDER AWARDS

There were no tender awards for consideration and approval.

2/18/15

TRUST FUNDS

There were no Trust Funds for consideration and approval.

2/18/16

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

Mr Dixon thanked members for the opportunity to address the Board. He said on 6 March the Patient and Client Council would be publishing a report on Waiting Times and that he would seek comments on how information to patients can be improved.

Mr Dixon also referred to a forthcoming meeting with PPI leads regarding Bamford monitoring in respect of Learning Disability that the Patient and Client Council will also attend.

2/18/17

ANY OTHER BUSINESS

There were no further items of business.

2/18/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 1 March 2018 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
1 March 2018**