

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 September 2019 at 10.00 am in the Boardroom, Omagh Hospital and Primary Care Complex, Omagh**

**PRESENT**

Mr S Pollock, Chair  
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director  
Mr S Hegarty, Non-Executive Director  
Mrs R Laird, Non-Executive Director  
Dr G McIlroy, Non-Executive Director  
Dr J McPeake, Non-Executive Director  
Dr C O'Mullan, Non-Executive Director  
Mrs M Woods, Non-Executive Director

Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People's Services  
Ms K O'Brien, Director of Adult Mental Health and Disability Services  
Mrs T Molloy, Director of Performance and Service Improvement  
Mrs A McConnell, Director of Human Resources  
Mr N Guckian, Director of Finance, Contracting & ICT  
Mr A Moore, Director of Strategic Capital Development

**IN ATTENDANCE**

Dr B Lavery, Associate Medical Director  
Mr T Cassidy, Assistant Director Women & Children's Services  
Mr O Kelly, Head of Communications  
Mrs M McGinley, Office of the Chair/Chief Executive  
Ms M Coyle, Specialist Nurse Organ Donation, Northern Ireland Organ Donation Team

8/19/1

**CHAIR'S BUSINESS**

The Chair thanked Mrs Andrew for attending Board meetings. He said it is important the community is represented at meetings and encourage more members of the public to attend.

- Mr Neil Guckian, Director of Finance, Contracting and ICT, was welcomed to his first Board meeting. Mr Guckian had taken up post on 12 August.
- The Chair referred to it being Organ Donation Week and said later in the meeting Ms Coyle, Specialist Nurse Organ Donation, Northern Ireland Organ Donation Team, would join the meeting to share the Organ Donation Report for 2018/19.

Members noted that Organ Donation Week is a week of activity to highlight the generosity of donors and the incredible impact they make on transplant recipients. It is also an opportunity to educate, inform and inspire people to become donors.

- The Chair referred to the end of year accountability meeting which the Chief Executive and he and the CX had with the Permanent Secretary. While the focus of the meeting was in relation to 2018/19, before the Chair's tenure, discussion also took place on issues which have transferred into this financial year including finance, transformation, pension changes and NIMDTA Allocations.

The Chair said he was pleased the Permanent Secretary recognises the challenge the Trust is managing with regard to financial recovery.

- During the past month the Chair advised that he had communicated with the Public Appointments Unit in relation to those Non-Executive Directors whose terms of office will end later this year. He said he would have liked to be able to inform members of the Department's decision but this was not case.
- The Chair reminded members of the Quality Management workshop on Monday, 9 September 2019 and encouraged members to attend.
- Concluding his report the Chair said that he was reflecting on the structure of Trust Board day and the extent of business which is brought to Board meetings. He asked members to let him know their thoughts, he would then feedback some ideas by December so that from January a revised structure and agenda would be in place.

8/19/2

### **CHIEF EXECUTIVE'S REPORT**

Dr Kilgallen advised that her report would focus on strategic priorities.

In relation to Pathfinder, Dr Kilgallen commended Dr Brown and his team for the opening of Drumclay Care Unit and acknowledged this was the first change arising from the Pathfinder work.

Dr Kilgallen referred to the transformation project, "Our Hearts, Our Minds". She said that the project had issued its first quarterly report which she would share with members.

Dr Kilgallen referred to progress being made in respect of delivering value. She said at the accountability meeting with the Permanent Secretary, while he is supportive of the Trust and recognises early improvements, the Permanent Secretary has asked the Trust to remain focussed.

Dr Kilgallen advised members that the Permanent Secretary visited the Trust on 4 September and she took the opportunity to share with him the work which is being carried out across the Trust on delivering value. She said as well as meeting clinical staff, the Permanent Secretary visited the Delivering Value Project Management Office and was shown the tools being used by Directorates to manage budgets on the 4 quadrant approach of quality and safety, workforce, performance and finance to measure outcomes and ensure focus is on quality of care. She said he acknowledged the pace at which the Trust is operating and the attention to detail which is being given in the examination of daily expenditure including use of agency staffing.

Ms Friel was pleased to share with the Permanent Secretary the work which is being undertaken on the Surgical Deep Dive within the Elective Procedures Unit. She said the Permanent Secretary met the clinical team and learned of the work being taken to consolidate surgical beds on the Altnagelvin Hospital site.

Dr Kilgallen said she was delighted that staff clearly demonstrated to the Permanent Secretary their commitment to the delivering value agenda and a willingness to live within resources.

Dr Kilgallen referred to the forthcoming Quality Management workshop and said this had arisen out of staff wanting to enhance quality of care and wanting to do things differently.

On 19 August, Dr Kilgallen advised that she along with the Belfast and Southern Trusts, the Health and Social Care Board and the Public Health Agency meet with the family of an elderly couple who had been murdered by a man who was mentally unwell and who had been cared for at different times in the Western, Southern and Belfast Trusts.

Dr Kilgallen said there is a commitment for regional learning arising out of the investigation of the man's care and a programme of work will be brought forward for the Service. Dr Kilgallen said she would bring an action plan back in due course.

Concluding her report Dr Kilgallen referred to a letter from RQIA complimenting the Trust on establishing a new home within the Trust's area for a young person with challenging needs. She commended the staff that had worked on this case and said the letter from RQIA was very welcomed.

Dr McPeake sought clarity in respect of additional savings and the Trust's recovery programme. The Chair said that the Department of Health is required to live within its budget and a portion of its savings target has to be passed on to each Trust.

8/19/3

### **APOLOGIES**

Apologies were received from Dr McDonnell, Medical Director, Ms Mahon, Director of Women and Children's Services, and Ms Friel, Acting Director of Acute Services.

8/19/4

**DECLARATION OF INTERESTS**

There were no declarations of interest.

8/19/5

**MINUTES OF PREVIOUS MEETING – 1 AUGUST 2019**

The minutes of the previous meeting held on 1 August 2019 having been distributed, were proposed by Mrs Laird, seconded by Dr O'Mullan, and carried by the Board as an accurate record of discussions.

8/19/6

**MATTERS ARISING**

There were no matters arising outside of those on the agenda.

8/19/7

**QUALITY AND SAFETY**

**Patient Story**

Ms O'Brien welcomed Mr John McCormack, Service User, and Ms Marie McGale, Community Psychiatric Nurse to the meeting to share Mr McCormack's journey through primary care mental health services. Ms McGale advised that Mr McCormack had received acute mental health intervention earlier in the year and she invited him to share his story with members.

Mr McCormack told members of his attempt to self harm which led to his crisis intervention. He spoke of his journey through ED and his following stay in the short term rehabilitation Unit. He said that part of his recovery has been a return to day care and he was now attending Lisnamallard and Rowan Day Centres.

Mr McCormack said his recovery also included significant weight loss and read to members 2 poems he had written. He spoke of walking which helps his mental health and the benefit from this.

Dr Kilgallen thanks Mr McCormack for sharing his story and asked him what had made the real difference to him. Mr McCormack said that he attended Lisnamallard Day Centre 25 years ago but had left. He said he was now back there again and that it was a great place for him to meet other people and one of the issues for him had been social isolation and loneliness. He said that he plays pool and takes part in competitions.

The Chair thanked Mr McCormack for sharing his story.

### **The Inquiry into Hyponatraemia-related Deaths Report 2018**

Dr Kilgallen stated that on 8 August Trust Chief Executives received a letter from Dr Paddy Woods, Deputy Chief Medical Officer, with regard to Recommendation 70 of the IHRD Report “Effective Measures should be taken to ensure that minutes of Board and Committee meetings are preserved and are readily available”.

In relation to the actions specified Dr Kilgallen confirmed that:-

- The Western Trust complies with Section J Disposal Schedule of the “Good Management, Good Records” in relation to the retention of Trust Board papers and Board Committee papers.
- In relation to the draft Publication Scheme of Trust Board and Committee papers, Dr Kilgallen confirmed that while the Trust complies with the publication of Board papers, the Trust will make available on its website a link for anyone requesting papers of any of the Board’s Committees. These Committee papers will be available via the Chief Executive’s office.

Dr Kilgallen stated that in relation to the other recommendations work is progressing. She suggested to members that a bi-monthly report be made to Board going forward.

Members supported this proposal.

### **Infection Prevention and Control Update**

Dr Brown referred members to the update report within papers.

Members were advised that the Department of Health has not yet issued the new healthcare-associated infection reduction targets for 2019/20.

Dr Brown advised that so far this year 32 cases of *C. Difficile* have been reported. 17 of the cases were classified as healthcare-acquired or associated with the remaining 15 cases being classified as community-acquired. Dr Brown advised that since the last report to Trust Board there have been 9 new cases. Root Cause analyses are required for 6 of these cases.

Referring to MRSA performance, members noted that since the beginning of April 2019, 1 MRSA bacteraemia case had been reported. It was noted that this case was categorised as community-associated.

Concluding Dr Brown referred to mandatory training and said that 31 induction and mandatory training sessions had been delivered by the IPC Team during the period April to June 2019. It was noted that the actual attendance rate for the 12 months ending June 2019 was below the required target. He said development of the regional e-learning programme is progressing well and this will support a new tiered structure for mandatory IPC training with an anticipated launch in early 2020.

## **Environmental Cleanliness Update**

Dr Brown referred members to the Audit report Overview for the period April – June 2019.

He highlighted to members a number of issues across the range of audit reports:-

- Ward 50 and Ward 41/AMU were out of sync with their audit plan however both wards completed their audits in early July. It was noted that AMU had reduced cleaning hours and with the audit evidence the ward was able to negotiate an increase in hours.
- In relation to the 6 monthly audit in Altnagelvin Haematology Unit, a meeting with its manager is being arranged.
- Dr Brown referred to the 6 monthly audit in Lackabuooy Day Centre and said the lower scores of C67% and P56% reflect typical environmental cleanliness issues such as work area cleaning compliance. An action plan is in place and re-audits will follow.

Dr Brown advised members that a group has been set up to review what is happening in Health Centres and an initial visit has been planned to Great James Health Centre. He said as a first step the Trust plans to assess the RQIA audit tool and the 126 standards as a measure for Health Centres. He said cleaning schedules will be reviewed by support services and other professional users will be asked to confirm via their Lead Nurses what processes they have in place for maintaining equipment and general tidiness of the building.

Dr Brown further advised that an accountability framework to agree audits and responsibilities will be drafted and tested. A briefing paper will be prepared for discussion by the Corporate Management Team to seek agreement for responsibility and how we move forward.

Following discussion members asked that for the next reporting period that a short summary of what this will involve and result in is developed.

Discussion took place on a number of managerial audits in the South West Acute Hospital and that scores are higher than the team audit scores. Dr Brown assured members that the feedback process is robust and the benefit of managerial audits is to oversee the quality and consistency of team audits, as well as peer audits and if there are any concerns these will be discussed directly with the team.

Discussion continued on page 3 and clarity was sought as to why audits for Women and Children's Directorate had been undertaken outside the audit period. Dr Brown explained that they were completed then due to competing pressures and assured members that audit scores are back on target.

## **Corporate Risk Register and Board Assurance Framework**

Dr Lavery referred members to the Corporate Risk Register and Board Assurance Framework as approved at Trust Board on 1 August.

He shared with members a proposal to add 2 new risks to the Corporate Risk Register.

- First proposal “Service Impact of HRMC Regulations in relation to Pensions” was discussed in detail. It was noted that the risk is where clinical staff may seek to reduce their additional employment contract commitments due to tax consequences of their HSC pension.

Lengthy discussion took place on this risk. It was noted that pension workshops for high earners were organised in June 2018 and further workshops are planned in September and October 2019. It was also added that job planning workshops have been organised for Assistant Directors and Clinical Directors.

Mrs McConnell assured members that discussions are ongoing regionally with HSC Pensions, Department of Health, other HSC Trusts and the BMA.

Dr Lavery referred to factors which consultants can use to limit their contributions to the superannuation scheme and said ultimately this is a personal decision for doctors.

Following consideration members unanimously approved the addition of this risk to the Corporate Risk Register.

- Dr Lavery referred to a second proposed new risk regarding lack of robust governance structure within AMHDS.

Ms O’Brien advised that RQIA had identified that the AMHD Directorate Governance structure and the systems for recognising and managing adverse incidents and near misses, were not sufficiently robust. As a result, Ms O’Brien said that opportunities to identify and manage emerging risks, and to identify, implement and share learning to improve quality of care, may have been missed.

Following discussion Ms O’Brien outlined the control measures which are being put in place. Additionally she said her Directorate had only 1 staff member within the Governance role and that current capacity outweighed demand. Ms O’Brien outlined the assurances currently in place and identified gaps in assurances.

Following discussion members unanimously approved the inclusion of this risk to the Corporate Risk Register.

8/19/8

## **ORGAN DONATION ANNUAL REPORT**

Mrs Molloy welcomed Ms Coyle, Specialist Nurse Organ Donation, Northern Ireland Organ Donation Team, to the meeting. She asked Ms Coyle to attend as it is important Trust Board acknowledges the work of the Specialist Nurses.

Ms Coyle shared her employment history with regard to organ donation, working as a nurse in ICU before moving to be a Specialist Nurse. She said with the creation of the Specialist Nurse posts and the establishment of the Organ Donation Committee, the Trust had achieved a dramatic increase in the number of donors. She advised that in 2018/19, from 12 consented donors the Trust had facilitated 8 actual organ donations resulting in 20 patients receiving a life changing transplant. Ms Coyle said it is important for the Specialist Nurses to be present during every organ donation discussion with families and that a Specialist Nurse had been present for 11 organ donation discussions during 2018/19. Ms Coyle said it was imperative that families get the support and care necessary at a very difficult time.

Ms Coyle reminded those already registered donors should ensure they have told their loved ones of their wishes to donate.

Mrs Molloy commended the annual report to members for approval.

Members welcomed the content of the report and acknowledged the important and sensitive role of the Specialist Nurses. It was suggested that further advertising campaigns should show the impact of donation, following the lives of the organ recipient. Following consideration members unanimously commended the annual report.

8/19/9

## **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 JULY 2019**

Mr Guckian referred members to the Trust's financial performance report for period ending 31 July 2019.

He began by paying tribute to the former Director of Finance, Mrs Mitchell, and to Mrs Bryson, Assistant Director of Finance, who had been acting Director in advance of him taking up post.

Mr Guckian referred to the Trust's recovery plan process and confirmed that expenditure had reduced in the first quarter. He added that the Trust had identified £6.7m savings through tactical plans and stressed the importance of Directorates to deliver on these.

Mr Guckian reminded members that the Trust opened the year with an agreed deficit of £39m which formed the basis of the Trust's Recovery Plan objective. He noted the Trust received additional funding in July adjusting the Trust's opening position for 2019/20 to £30m.



Mr Guckian said unfortunately the Trust had been issued with a recurrent £11.3m savings target. As a result of this he said the Trust's opening deficit would be £41.3m and from this figure the Trust would apply various savings to reduce the deficit throughout the year. Mr Guckian said the additional savings target would have an impact on the Trust's Delivering Value work.

Mr Campbell asked if the additional savings target is achievable. Mr Guckian replied that he believed it was but that deliverability would be through the Delivering Value Programme as opposed to cost cuts. He said central to this is the work of the "Deep Dives" and the reduction of run rates.

Mr Guckian said that the Trust must manage a range of financial risks particularly in relation to locum medical spend, agency nursing, children's services, winter resilience, accommodation and psychological therapies.

Discussion continued on the Trust's control total of £15m of savings in 2019/20 and Mr Guckian said this would be challenging given the additional savings target. He added that it is important that at the end of the financial year the Trust is able to demonstrate that its recurrent deficit is less than what it was in April.

Responding to a question Mr Guckian said that he was hopeful the Trust would deliver on its control total as a result of the robust processes in place to manage and control budgets. Dr McIlroy referred to the tactical savings and said it was noteworthy that these are recurring savings.

Dr O'Mullan asked how the Trust ensured the continued support of staff. It was noted that constant communication to staff is key and that the Chief Executive shares regular updates with staff through the Trust Communication network.

Mr Guckian referred to the Project Management Office and said the creation of business units within Directorates and the number of staff that are trained in budget management was very impressive.

Dr McPeake referred to the additional savings target in 2019/20 and asked if it would be possible for the Trust to receive further savings in the next 2 financial years. Mr Guckian confirmed that this would be possible.

Mr Campbell referred to agency expenditure on nursing. He was advised that the Trust is examining its normative nursing staff report and examining issues such as maternity leave and sick leave. Mrs McConnell advised members that non contract agencies have increased their rates however the Trust is tracking on a weekly basis nurse agency spend and that monthly discussion take place at the Delivering Value Management Board.

Dr McIlroy raised again the importance of a regional approach to capping agency rates.

8/19/10

## **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred to her performance management report for the period to end of July 2019. She said her presentation today would focus on performance improvement trajectories for month 4 and key challenges for the Trust in respect of the 62 day cancer target and unscheduled care.

Mrs Molloy advised that the Finance and Performance Committee has paid particular scrutiny in the areas of elective waiting times, cancer 62 day target, orthopaedics elective services and complex and non-complex delays at its recent meeting, and there had been considerable scrutiny of waiting times and the causes of increasing numbers of patients waiting in particular specialties.

Referring to the cancer performance improvement trajectories, Mrs Molloy advised that in respect of the cancer targets the Trust's actual position for the year to date in relation to the 14 day standard had been 99.8%, the 31 day standard had been 99%, and the 62 day standard had been 59%.

In relation to the 62 day standard members were advised that during July 2019 there were 58 patients treated of which 32.5 began their first definitive treatment within 62 days of being referred. This was 56% against a predicted trajectory of 69%. It was noted that of the 33 patients who breaches the standard, 15 were Inter Trust Transfers and 16 patients were urology patients.

Mrs Molloy advised that more information on the 62 day standard will come back to the next meeting of the Finance and Performance Committee and it will consider what further information needs to come back to Trust Board.

Moving to unscheduled care, Mrs Molloy advised that the Trust's performance against the 4 hour standard for the year to date had been 69% against a predicted performance of 75%. In relation to the South West Acute Hospital, actual performance had been 64% against a predicted performance of 72%. In relation to Altnagelvin Hospital, members were advised that actual performance was 64% against a predicted performance of 70%.

In moving to patients waiting longer than 12 hours within ED, members were advised that during July there had been 140 patients in Altnagelvin Hospital and 187 patients in the South West Acute Hospital who had waited longer than the standard. It was noted that this was a significant increase on the same month last year.

Mrs Molloy referred to complex discharges and advised that the Trust's actual performance had been 79% against a predicted performance of 81% for the year to date, however in July the actual position fell well below the trajectory. In relation to non-complex discharges Mrs Molloy assured members that 60% of non-complex discharges took place within 1 hour and she commended staff for this. Further detail was shared with members on the timeliness on non-complex discharge in both hospitals. Dr McIlroy commended the progress in this area, and the focus the Trust had placed on the early discharge of non-complex patients.

Continuing with elective delivery of core, members were advised that in respect of Inpatient Day Case the predicted position for April – July was -13% and the actual achieved position was -8%. Mrs Molloy advised that IPDC was now rated green.

Mrs Molloy referred to new outpatients and said that actual performance was -17% against a predicted performance of -16%.

Mrs Molloy referred to hip fractures inpatient treatment and stated that during July 2019, 100% of patients were treated within 48 hours for inpatient hip fractures. She said that July was the first month of the trial to have a planned conversion of an elective full day theatre converted to trauma after a statutory day weekend. Members were advised that this worked well and avoided approximately 7 breaches but impacted on elective with 5 patients not booked due to trauma conversion and 4 cancelled procedures due to bed pressures.

Mrs Molloy provided members with an update on the performance improvement trajectory in respect of Adult Mental Health, CAMHS, and Psychological Therapies.

Dr McIlroy reflected on the shift in relation to non complex discharges. He acknowledged the significant progress and said this enable beds to be freed to facilitate flow across hospitals. He highly commended the work done to date.

Mr Campbell asked if the pension issue would be impacted on the Trust's ability to deliver in-house waiting list initiatives. It was noted that this could be the case but that the Trust can use Staff Grades and Associate Specialist Doctors to facilitate some waiting list initiatives.

8/19/11

### **FINANCE AND PERFORMANCE MINUTES FROM 6 AUGUST 2019**

Mr Hegarty referred members to the minutes of a meeting held on 6 August and said he was very impressed by the quality and timeliness of information shared.

Mr Hegarty highlighted a number of issues within the minutes.

Mr Hegarty referred to the request by the Committee for more detailed information on waiting lists and said while he understood Service and Budget Agreements were the formal contract with the Commissioner, he was nonetheless concerned that waiting lists are growing. He said he has asked the Committee for an understanding of waiting lists across all specialties with long waiting patients over the next 12 months.

Mr Hegarty referred to a presentation by Orthopaedics Team, and that the committee had heard from clinical and service leaders in this specialty. He was impressed with the efforts being made by the team to bridge capacity gaps and take innovative approaches to improve access and treatment, and felt Trust Board would benefit from hearing this work.

Mr Hegarty referred to the reporting of the Trust's financial position and said reporting of run rates were monthly, but change was now measured using an average daily run rate. He asked in the interest of clarity that a consistent measure is adopted from April.

Referring to the 62 day target, Mr Hegarty acknowledged the work to be done to address the breach position, and that more work would be done in the Committee to understand causes of breaches and the actions the Trust was able to take to improve the position.

Following consideration of the minutes they were proposed by Mr Hegarty, seconded by Dr McIlroy and adopted by the Board.

8/19/12

### **PATHFINDER INITIATIVE – UPDATE**

Dr Kilgallen provided members with an update on the Pathfinder Initiative.

Members were advised that the PHA has been engaged in the development of a Community Involvement Strategy.

Dr Kilgallen referred to a community engagement exercise in advance of a Connected Communities workshop. She said the purpose of the exercise is to determine from GP practices, communities and voluntary sector the assets and gaps in their areas. The workshop will review this information and aims to collate a more comprehensive picture of the community assets and gaps that exist in the 3 areas with least access to services.

Dr Kilgallen said a determination has not been made in respect of an independent chair and said she would like the involvement work further progressed before progressing this.

Dr Kilgallen concluded by updating members on the 12 workstreams.

8/19/13

### **GOVERNANCE COMMITTEE MINUTES OF MEETING HELD ON 26 JUNE**

Dr McIlroy referred members to the minutes of a Governance Committee meeting held on 26 June for approval.

Discussion took place regarding RQIA's inspection of nursing homes and the subsequent level of assurance from staff on issues identified.

Mr Campbell referred to the 3 Sub-Committees which report into Governance Committee and said it is vital that the Chair of each Sub-Committee attends the Governance Committee. If there is an occasion where the Chair cannot attend then a deputy should be send.

Mrs Laird referred to the 56 care homes across the Trust's geography to be reviewed and Dr Kilgallen informed that 2 members of staff will seek to understand overarching support to nursing homes.

Dr McIlroy referred to nursing home contracts and said the Trust is seeking to improve the current specification. Dr Kilgallen advised that she has asked Mr Guckian to chair a group with all professional leads, together with contracting staff to consider the Trust's approach to contracting and monitoring standards in care/nursing homes.

Mr Hegarty asked if it would be possible for the minutes of Governance Committee to be RAG rated so that important issues are highlighted. Dr Kilgallen said she would seek to do this.

8/19/14

## **POLICIES**

### **Policy on Exposure to Body Fluids and HIV PEP**

Following consideration the above policy was proposed by Mr Hegarty, seconded by Dr McPeake and approved by the Board.

### **Therapeutic Venesection Policy**

Following consideration the above policy was proposed by Dr O'Mullan, seconded by Mrs Woods and approved by the Board.

8/19/15

## **RECRUITMENT AND SELECTION FRAMEWORK**

Mrs McConnell referred members to a new Regional HSC Recruitment and Selection Framework for members' approval.

Members noted that the regional Framework will replace the Trust's Selection and Appointments Policy 2015. It was noted that the Framework applies to all non-medical appointments to the HSC and should be read in conjunction with other relevant documents.

Mrs McConnell assured members that the Trust is compliant with all the standards of the Framework. Members were also advised that staff will be trained in the Framework and in particular its associated scoring scheme.

Dr O'Mullan commended the Framework for approval and assured members that the Framework had been discussed in detail at the People Committee. Following consideration the Framework was proposed by Mrs Laird, seconded by Dr O'Mullan and approved by the Board.

8/19/16

**PEOPLE COMMITTEE – MINUTES OF MEETING HELD ON 13 AUGUST 2019**

Dr O'Mullan referred members to the minutes of the People Committee held on 13 August. She led members through the detail referring members to the Workforce Strategy Plan. She said this was a high level document that described the vision, workforce priorities, outcomes, drivers and linkages between areas.

Dr O'Mullan also raised issues including international medical recruitment and reform programme, NIMDTA Allocation, training and development update HSC Staff Survey Update and Fair Employment Monitoring Return Update.

Mr Hegarty referred to the update provided to Committee on Brexit. Mr Moore advised that he is the lead Director in respect of Trust preparedness for leaving the EU on 31 October. He assured members that significant planning has been completed looking at scenarios and risks in the event of a No Deal Brexit and that the Trust has been working closely with the Department of Health.

It was agreed that a further update on Brexit will be provided to members at the October Board meeting.

Discussion took place regarding minutes of Committee meetings and it was agreed they will come to the next Board meeting for information in advance of being approved by the respective Committee. It was felt this would allow the timely sharing of discussion at Committee. The Chair said part of his review of Board business will include consideration of Board processes.

8/19/17

**TENDER AWARDS**

There were no Tender Awards for approval.

8/19/18

**TRUST FUNDS**

Members were referred to 2 Trust Fund applications for approval.

- Band 3 for 2 years, to support delivery of Royal College of Surgeons in Ireland (RCSI) student teaching
- Echo Pace Licence

Following consideration members unanimously approved the 2 requests.

8/19/19

**ANY OTHER BUSINESS**

**Non-Executive Visitor to Children's Home**

Dr McIlroy briefed members on his recent visit as NED Visitor to a Children's Home. He said he was impressed by how staff deal with challenging behaviour within the Home and how they include the children to resolve difficult situations.

Mr Cassidy thanked Dr McIlroy for sharing this feedback and said he would ensure it is fed back to staff.

8/19/20

**CONFIDENTIAL ITEMS**

8/19/21

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 3 October 2019 at 10 am in the Denis Desmond Room, Trust Headquarters, Altnagelvin Hospital, Londonderry.

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**Mr Sam Pollock  
Chair  
3 October 2019**