

Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Monday, 15 July 2024 at 2 pm in the Lecture Theatre, Trust Headquarters and via Teams

PRESENT

Dr T Frawley CBE, Chair
Mr N Guckian OBE, Chief Executive

Rev Canon J McGaffin, Non-Executive Director
Dr A McGinley, Non-Executive Director
Mr S Hegarty, Non-Executive Director
Professor H McKenna CBE, Non-Executive Director
Mrs R Laird CBE, Non-Executive Director
Dr J McPeake, Non-Executive Director
Mr B Telford, Non-Executive Director

Dr B Lavery, Medical Director
Mrs D Keenan, Executive Director of Nursing, Midwifery and AHPs
Dr T Cassidy, Executive Director of Social Work/Director of Children and Families Services
Mrs G McKay, Director of Unscheduled Care, Medicine, Cancer and Clinical Specialties
Mr M Gillespie, Interim Director of Surgery, Paediatrics and Women's Health
Dr M O'Neill, Interim Director of Community and Older People
Ms K O'Brien, Director of Adult Mental Health and Disability
Mrs K Hargan, Director of Human Resources & Organisational Development
Ms E McCauley, Director of Finance, Contracting and Capital Development
Mrs T Molloy, Director of Performance, Planning and Corporate Services

IN ATTENDANCE

Mrs C Cunningham, Communications Manager
Mrs M McGinley, Office of the Chair/Chief Executive
Mrs M Doyle & Ms M Walsh, Labre Hub (agenda item 8/24/8 only)

8/24/1

CONFIDENTIAL ITEMS

8/24/2

APOLOGIES

There were no apologies received.

8/24/3

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

8/24/4

CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed everyone to the July Board meeting at Trust Headquarters. He began by thanking members for facilitating the change of date for the Board meeting which had originally been scheduled for 4 July, the day of the Election.

The Chair shared with members a report of business for information.

- The Chair advised that on 6 June the Department of Health published an Equality Impact Assessment and a Rural Needs Impact Assessment in relation to the 2024/25 Health Budget. He said a 12 week consultation had commenced which would end on 29 August. Members were advised that the associated documents that will inform this process can be viewed on the DoH's website.

The Chair said in addition to this consultation, the DoH had also published an assessment of the 24/25 budget, reflecting input from HSC Trusts on the projected impacts of cost saving measures proposed by Trusts. In working in this challenging financial situation, and to inform the future way in which the allocation of resources will look, the Chair said it was important that consideration is given to the critical areas of rurality and equality which has a particular impact on services provided by the Western Trust. He added that from a Western Trust perspective it was crucially important that the rurality of the Trust's geography and the levels of deprivation in parts of our population are understood when the implications of this extremely challenging budget are being considered.

- On Friday, 7 June the Chair said he had the privilege of closing the Trust's Leadership Festival by sharing his reflections on what was a hugely important Leadership Festival that spanned both the whole week and the whole of the geography of the Western Trust.

The Chair said once again the week had confirmed for him how privileged he is to be the Chair of the Western Trust.

- On 10 June the Chair said he was delighted to accept an invitation from the Trust's Public Health Nurses to hear first-hand from health visitors on their role in public health. He said what struck him on the day was the range of work health visitors are involved with and said he was particularly impressed with the work that is being done with refugees and asylum seekers. The Chair said he heard the most powerful explanation and advocacy for these people and said he wanted to commend our staff for the work they are doing in this very challenging area.
- On 14 June the Chair advised that he attended another session organised by the Public Health Nurses which focussed on men's health. He said this "pop up" event showcased creativity and initiative in attracting a significant attendance. The Chair said he was particularly taken by the work being done on sexual health and on supporting men who increasingly because of financial circumstances are now remaining at home looking after families and as a result have a much more significant caring role.
- On 11 June the Chair advised that he joined his Chair colleagues in an introductory meeting with Minister Nesbitt. He said the meeting provided an opportunity for the Minister to indicate his priorities and highlight to Chairs the very challenging financial situation that health and social care faces.

The Chair said he and his colleague Chairs took the opportunity to emphasise the potential catastrophic implications of some of the proposed reductions in terms of allocation of resources to Trusts.

- The Chair advised on 12 June he spent an afternoon with the Trust's Communications Team in Omagh as part of his familiarisation programme. He said he was both impressed and reassured by the range of skills and competences that the Communications Team demonstrated through the wide range of media channels the Trust uses to connect with its staff and the public. He said this was an area of the Trust's activity which will become more and more important as the Trust embarks on the challenge of Transformation.
- The Chair advised that he was privileged on behalf of the Trust to launch this year's Carers' Week, the theme of which was 'Putting Carers on the Map'. He said the week was an opportunity for the Trust to highlight and thank all carers for the amazing work that they do every single day for their loved ones and he said he knew of the work that they do and he recognised the sacrifices that they make and the impact that this role can have on their own lives.

The Chair noted that the Trust has recently launched its first Carers' Hub - a place where carers can call in to get information and seek support and advice from the Carers Support Team and the Multi-disciplinary Team GP Social Work Staff. He said the Hub is a safe space and staff are there to listen to carers and offer help and advice where they can.

The Chair said he was also pleased to be able to announce that Dr Aideen McGinley, Non-Executive Director, had agreed to accept the role of "Carers Advocate" for the Board. In fulfilling this role he said Dr McGinley would highlight the importance of carers across all the services the Trust is responsible for.

- On 20 June the Chair said he was pleased to be able to join the Health Minister at a conference organised by Derry Well Woman called "Commitment to Change Conference" where the change commitments and outcomes of the Cancer Connected Communities West project were presented.

The Chair said this project was the first of its kind in Northern Ireland and was developed with support from the National Lottery Community Fund. He added that the initiative brought together 6 charities to connect people affected by cancer to each other, to provide support in the community and to link them to the people who deliver cancer services, so that they can use their experiences to propose improvements to services.

The Chair said the Trust has been delighted to work with its Cancer Connected Communities partners on this innovative project over the past 3 years and this work has provided invaluable insights and opportunities to meet and listen to those affected by cancer who live in the geography served by the Western Trust, particularly those from hard-to-reach groups and those living in rural communities. The Chair noted that based on their feedback, insights and suggestions the Trust has heard throughout the process, the Trust has reviewed its services and made changes and improvements which were also presented at the conference.

- On 25 June the Chair advised that he was asked to present the 2024 Medical Education Training Awards. He said the MedEdWest Team had organised this event to recognise and celebrate the successes of our trainees and trainers in medical education. Again, the Chair said he was impressed by the quality of projects that were considered for awards and said he was particularly taken by a project that focussed on the induction and support for international doctors who are playing such an important part in the rebuilding of our services.
- On 26 June the Chair said he was pleased to welcome the Chief Allied Health Professionals Officer, DoH, Ms Michelle Tennyson to the Trust. He said this visit was an opportunity for Mrs Keenan and the Trust's Heads of AHP services to share the current projects they were involved in and detail the next steps for AHP

services in the West in relation to the 5 year vision for AHPs across NI 2024-2029.

The Chair said the Chief Executive and he were both very taken by the creative and innovative presentations which were presented by our AHP service leads to Ms Tennyson and said he believed Board members would also find it helpful to have these presentations at some point in the future.

- On 27 June the Chair advised that he was invited by the South West GP Federation to speak at their GP Strategic Development Event.

The Chair said he believed it was a very constructive evening where he acknowledged the vital role of primary care in the delivery of health and social care. He said it was crucial for secondary care that general practice fulfils the role of “gate keeper” otherwise secondary care will be overwhelmed.

The Chair said he also acknowledged the particular challenge faced by the South West Federation in the continued delay to fund multi-disciplinary teams in that geography, teams which are funded elsewhere in Northern Ireland. He said he also highlighted that as the Trust is currently supporting 4 GP practices without investment or support from the DoH, we are not able to support any additional practices that may get into difficulty and that an alternative approach is now required.

- On Thursday, 27 June 2024, the Chair said he was delighted that Reverend Lindsay Blair was offered and accepted the post of Lead Chaplain for the Trust. He said he knew members would join him in congratulating Rev Blair on this appointment and wished him well in his new role.
- On 28 June the Chair said he was interviewed by a member of a team who are undertaking a financial assurance visit to all Trusts sponsored by the Department of Health.
- The Chair advised on 2 July he visited Drumcoo Day Centre in Enniskillen. He said during his visit he met with a number of service teams including the Sensory Team, Autism SSDS Team and the Community Brain Injury Team. He said he also visited the Day Centre where he met staff and attendees and was shown some of the art work that has been produced in the workshops at the Centre.

The Chair said he also met with carers who gave him a first-hand insight into the significant challenges being faced by families who are supporting people with autism, brain injury and physical disability including sensory disabilities. Again he said it was a further reminder of the outstanding work and commitment being demonstrated by Trust staff that goes largely unnoticed and unheralded.

- The Chair reminded members that on 3 July the Board convened to consider and approve the Trust's Draft Annual Report & Consolidated Accounts and Draft Charitable Trust Fund Accounts for 23/24.

He said he was pleased to be able to advise that the Trust had also received the Auditors opinion that the Trust's accounts are unqualified which the Chair said was a credit to finance staff and those who support them. The Chair confirmed that the Public Funds Annual Report and Financial Statements and Charitable Funds were forwarded to the DoH and were laid before the Assembly which is a statutory requirement for the Trust.

- On Monday, 8 July the Chair advised that he met with representatives from Brooke House Health and Wellbeing Centre. He said this was a very informative meeting and the Brook House representatives had advised that they will be consulting on the role and services provided at their Centre in the autumn. The Chair said he commended the work that they are doing emphasising that it complemented services which are being provided by the Trust.
- On Tuesday, 9 July the Chair advised that he welcomed Minister Nesbitt to Altnagelvin Hospital and Shantallow Health Centre.

The Chair advised that at Altnagelvin Hospital, the Minister was introduced to "New to Northern Ireland" doctors and members of the MedEdWest Team. The Minister commended the Trust for its initiative in recruiting international doctors and welcomed the staff to health and social care in Northern Ireland reflecting that they not only brought important clinical skills, but also contributed to the developing diversity of Northern Ireland which he believed was a very important development.

The Chair said the next section of the Minister's visit consisted of visits to the North West Cancer Centre and the recently opened Altnagelvin Minor Injuries Unit. He said the Minister commended the staff of the Cancer Centre for the vitally important work they are doing and hoped that the service would continue to be developed when resources allowed. In visiting the MIU, the Chair said the Minister felt the Minor Injuries Unit demonstrated that the Trust was responding to the very challenging circumstance in its emergency department and he commended both the quality of the environment and the energy of the staff he met during which was a very positive visit.

Leaving the hospital site, the Chair advised that the Minister travelled to Shantallow Health Centre to meet with family nurses and service users of the Family Nurse Partnership Programme. The Chair said it was a very impressive presentation with the Family Nurses explaining the invaluable nature of the intervention of the Family Nurse in supporting young mothers and fathers in taking on the crucial responsibility of parenting. He said 2 of the mothers who

are participating in the programme conveyed very effectively the difference this intervention was making in building both their confidence and competence in what is a very challenging time in their lives.

The Chair said the Minister before he left thanked everyone for the opportunity they had given him to have a much more complete insight into the work of the Trust.

- Finally, in concluding his report, the Chair said he was delighted to advise members that on 3 July, Dr Cassidy had received a PHD in Childhood Studies. On behalf of the Board, the Chair passed on his heartfelt congratulations to Dr Cassidy.

Dr McGinley advised members for the record that her daughter is a member of the South West GP Federation.

8/24/5

MINUTES OF PREVIOUS MEETING – 6 JUNE 2024

The Chair referred members to the minutes of the Board meeting held on 6 June 2024.

Following consideration the minutes were proposed for adoption by Prof McKenna, seconded by Rev Canon McGaffin and were approved by the Board as a true and accurate record of discussion at the Board meeting on 6 June 2024.

8/24/6

MATTERS ARISING

The Chair referred to a number of matters arising from the previous meeting these included:-

- The Chair advised that an update from the Lookback Review on Primary Care will be shared with members at its September Board meeting;
- The Chair advised that information had been shared with Mr Cassidy in respect of his query on whether the birth rate has decreased.

8/24/7

CHIEF EXECUTIVE'S REPORT

Mr Guckian shared a report with members with regard to critical issues which had arisen since the previous Board meeting.

General Pressures

Mr Guckian advised members that Trust plans for the Bank Holiday were supported by additional staff for the long weekend, both within acute hospital settings and in social work/AHP and discharge teams. He said there were a high number of patients waiting for a bed in both acute hospitals this morning – 50 patients waiting in Altnagelvin Hospital and 25 patients waiting in South West Acute Hospital.

Mr Guckian said on behalf of the Trust he wished to apologise to all patients who are waiting on a bed.

Mr Guckian noted that in recent weeks since the last “reset day”, EDs had avoided using our Ambulatory Care Units for patients waiting to be admitted from ED. He said this had protected ACU to fulfil its core role of improving patient flow.

Mission Cup

Mr Guckian advised that on 27 June 2024 the Chair and he had the pleasure of attending the handover of the Mission Cup from the Breast Care Team to the Pre-operative Assessment Team. Mr Guckian congratulated the Pre-Operative team on their award.

Budget Update

Mr Guckian said later this week and next week the DoH and all Trusts will be presenting the implications of the budget to the media. He said there was a common foreword with each Trust outlining the impact of their low-medium savings.

Mr Guckian advised that the DoH will present examples of the high and catastrophic proposals which have not been implemented and Trusts and DoH will also highlight that there are no resources available for a pay award for Agenda for Change staff in the HSCNI.

Provider Collaborative Workshop – 1 July 2024

Mr Guckian advised members that a delegation from each Trust attended a workshop on a proposed Provider Collaborative for Northern Ireland and said there were interesting presentations from key representatives of a UK provider Collaborative. Mr Guckian noted that Trusts have been asked to highlight what the

priorities for a collaborative would be, and the areas identified should be consistent Trust areas ie workforce, mobility of workforce and vulnerable services.

Mr Guckian said full terms of reference and operating models will be developed for Trusts to consider.

New Commissioning Approach – Workshop 24 June 2024

Mr Guckian advised that on 24 June the Chair and he attended a workshop in Belfast to discuss the future arrangements/approach to performance management and commissioning. He said this was in the context of the introduction of Integrated Care Services (ICS), Regional Co-ordination Centre and a possible Provider Collaborative.

Members were advised that the workshop identified a revised performance management model with different levels of escalation. Mr Guckian said there was mention in passing of a return to Programme of Care/Service commissioning which he believed would be a positive development.

Mr Guckian noted that the Minister had now written to Trusts with regard to the Strategic Priorities for 2024/25.

Strategic Priorities 2024/25

Mr Guckian advised members that the Department of Health has been working on defining a new method for setting the priorities for the HSC which will replace the Commissioning Plan Direction.

He said the Health Minister wrote to Chief Executives on 10 July to advise that he had approved the new approach to setting the strategic direction for the year ahead, which is articulated across 2 distinct but fully aligned levels:-

- the population accountability is reflected in the introduction of the Strategic Outcomes Framework (SOF), a suite of strategic outcomes depicting the condition of health and wellbeing that we want to achieve for our population in the long-term, and associated key indicators; and
- the system-level performance accountability, reflected in the System Oversight Measures (SOMs) which will provide the short-term Ministerial and Departmental priorities to the HSC system

Mr Guckian said when these come into effect the Trust will need to orient its accountability and reporting processes to both. It was noted that Mrs Molloy will lead the implementation with her key staff and Directors in regard to Directorate plans which will need to reflect these DoH performance targets.

8/24/8

PATIENT STORY – COMMUNITY AND OLDER PEOPLE’S SERVICES

The Chair welcomed Mrs Michelle Doyle and Ms Marianne Walsh to the meeting who were attending to share with members the work of the Labre Hub. Members were reminded that Ms Doyle was the recipient of the Chairman’s award at this year’s Staff Recognition Awards.

Mrs Doyle thanked members for the opportunity to join Trust Board. She said in January 2020 the Trust, in partnership with the Public Health Agency, invested in the provision of a specialist nursing and podiatry service for people who are experiencing homelessness within the Derry City area. She said initially, during Covid, the team worked with 14 hostel sites however since then the number of facilities providing accommodation had increased to 35 sites including bed and breakfasts and hotels.

Ms Doyle advised that the service has continuously expanded and works in partnership with multiple teams both within the Trust and across the region, as well as GP surgeries in an attempt to improve access to healthcare for those who are homeless. She said due to the success of the service, the Trust officially opened a Health Inclusion Hub in Derry City centre on 20 June 2023, called ‘Labre’ after the Patron Saint of the Homeless which was chosen following input from Service Users.

Ms Doyle advised that since opening, the new Health Inclusion Hub had received 850 referrals, bringing services out of the clinical setting into the community and on to the streets to “wrap care around” the people who need it most, and importantly where they need it. She said the service includes nursing and podiatry services, alongside physical and mental health care and addiction services for those sleeping rough, or in hostel accommodation or non-standard accommodation services providing better health outcomes for these clients.

Ms Doyle said she had planned to have a service user attend today to tell his story of his involvement with the Hub. She said unfortunately he was unable to attend however with his permission she would share with members his journey through the Hub. Ms Doyle said the Hub had helped him to transform his life enabling him to manage his health and social care needs safely in the community.

Mrs Doyle said the location of the Hub was ideal and said existing clients encourage others to avail of advice and support.

The Chair thanked Ms Doyle for her presentation and asked what the capacity of the Hub is and how decisions are made as to when someone should be seen within the Hub or referred on.

Ms Doyle advised that the podiatrist works 2.5 days per week and sees as many clients during this time as possible. She said anytime she is on duty herself she

undertakes street outreach to those clients which are usually the more chaotic in respect of their lifestyle and are at higher risk of ambulance calls and ED attendance. She said she encourages these people to attend the Hub for the care they need, for something to eat or for help in personal care. Ms Doyle said there is a huge need for the service and she does her best to meet it. Ms Doyle said she also acts as a link with the hospital in respect of those individuals classified as “high flyers in ED” and seeks to ensure they receive the care they need in ED.

Mr Guckian advised that there had been 850 referrals in 2024 which was an astonishing number. Mr Guckian said he also wanted to acknowledge that out of all the nominations made through the Staff Recognition Awards process that Ms Doyle had received the prestigious Chair’s Award and he wanted to acknowledge the impact that she had made to people’s lives of the most marginalised.

Dr McGinley congratulated Ms Doyle on the quality of this service for a very challenging client group. She asked could individuals self-refer? Ms Doyle confirmed they could and acknowledged that the clientele can be chaotic with often complex needs which extend beyond health care often requiring them to be kept safe from self-harming.

Ms Walsh advised the positive relationship between team members had enabled the service to expand. She said quite often this client group feel they have been let down by family and society and that coming forward for help and support is a huge step for them. She said that clients have expressed a feeling of being protected and said one of the client groups that is increasing in numbers is that of young women and as a consequence the team has developed strong links with maternity and sexual health services.

Dr McPeake said the service was fantastic and advised that his career was within the housing sector and noted there are approximately 5,000 new homelessness cases per year and this figure is increasing year on year. He asked of the 850 referrals how many were unique in that for someone who comes along and you the service cannot treat them, what is there pathway then.

Mrs Doyle said some of the 850 referrals were single referrals for an individual and some were multiple referrals for the same individual. She said the service user referred to earlier had 17 referrals in 2 years. In terms of pathways she said she worked very closely with colleagues in the Trust and that she had exceptional support from other services such as the diabetic team where the Hub is able to connect with the clinical team and make any necessary appointments for service users. She said the service was also able to liaise with GPs for ongoing care following emergency support. Mrs Doyle said in the history of the service there had not been a single client that the service had not been able to support.

Prof McKenna congratulated Ms Doyle and Ms Walsh on the service and said he was interested in its relationship with Simon Community and other voluntary sector

organisations. Ms Doyle confirmed that the service works very closely with its partners in the voluntary and community sector and has a strong working partnership and works in partnership approach with them.

The Chair thanked Ms Doyle and Ms Walsh for joining today's meeting. He said on behalf of the Board he wished to express a huge thank you for what they do every day. He said he was conscious of the difference they make and said they were clearly demonstrated that they provide a safe space for the this very vulnerable client group.

8/24/9

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Dr Lavery referred members to the Trust's Corporate Risk Register as approved at Trust Board on 6 June 2024. He said there were currently 19 risks on the register.

Dr Lavery shared with members a proposal to add a new risk in respect of the "Go live" of Encompass within the Trust. Following consideration members unanimously approved the addition of this risk to the Corporate Risk Register.

Dr Lavery took members through the list of actions as agreed following the Trust Board workshop on 4 April 2024. He said these actions were updated within this quarter with progress being reported through the normal Corporate Management Team/Trust Board approval process. In respect of updates Dr Lavery updated members on a number of risks:-

- Risk ID1133 was closed on 15 April 2024;
- Risk ID49 agreed risk appetite will move from high to low;
- Risk ID1487 agreed tolerance will move from high to moderate;
- Risk ID955 proposal to de-escalate to Directorate risk register;
- Risk ID1472 proposal to de-escalate to Directorate risk register

8/24/10

IPC REPORT

Mrs Keenan referred members to an update report within papers.

Mrs Keenan reminded members that the Department of Health has not yet issued new HCAI reduction targets for 2024/25. She said these targets related to *Clostridium difficile* (*C. difficile*) associated disease, Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia and gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*.

Mrs Keenan advised that so far this year 13 cases of *C. difficile* had been reported. She said 8 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the Public Health Agency). However, she said this was not always an accurate predictor of being healthcare-associated. She said the remaining 5 cases were classified as community-acquired as the patients presented with symptoms within a 72-hour period after admission.

Mrs Keenan referred to MRSA bacteraemia performance and advised that since the beginning of April 2024 one MRSA bacteraemia case had been reported. She said this case had been categorised as healthcare-associated as it occurred more than 48 hours after admission to hospital (definition used by the PHA).

Moving to current GNB performance, Mrs Keenan advised that as of 5 July 2024, 6 healthcare-associated GNB cases had been reported

Mrs Keenan referred to “Pertussis”, also known as “whooping cough”, and said this was a highly contagious but vaccine preventable bacterial respiratory disease that is usually caused by *Bordetella pertussis*. She said it is normally characterised by a “whooping” cough, cold and fever.

Mrs Keenan advised that there had been a significant increase in the number of pertussis cases in Northern Ireland during 2024 and that this increase was continuing and the PHA is seeing unprecedented numbers of notifications. She said current high levels of pertussis in circulation in the community increases the risk of serious illness in vulnerable infants and unvaccinated pregnant women.

Mrs Keenan said between 1 January and 30 June 2024 there were 2,235 laboratory-confirmed cases in NI. Mrs Keenan said there had also been an increase in the number of patients and staff in the Western Trust who have tested positive for pertussis and that the Infection Prevention and Control Team has been responding to this increase in terms of identification, appropriate isolation/management and subsequent contact tracing. Mrs Keenan explained that outbreaks of pertussis can occur in healthcare settings however if outbreaks are detected at an early stage, prompt action including chemoprophylaxis and vaccination of close contacts can limit the spread. She assured members that to date no outbreaks had been identified.

Continuing Mrs Keenan advised that in recent weeks the Trust had experienced an increase in the number of patients and staff testing positive for COVID-19. She said the Trust continues to manage these cases in line with the current Chief Medical Officer and PHA testing guidance. She added that COVID-19 outbreaks continue to be declared in Trust wards, departments and facilities and between April and early July 2024, a total of 24 outbreaks had occurred. Mrs Keenan said the IPC Team was leading on the management of these incidents as applicable with incident meetings taking place and all IPC measures having been instigated as necessary.

Mrs Keenan referred to IPC induction and mandatory training which is being delivered online via an e-learning programme. She said this was developed regionally for use by all health and social care organisations in Northern Ireland although is currently being reviewed by the Regional IPC Lead Nurses Forum. She reminded members that the e-learning programme comprises 2 tiers with staff only needing to complete one of the tiers. Ms Keenan said clarification on which tier each staff member should complete is provided via a Tier Matrix.

Mrs Keenan advised that the IPC Team also delivers a series of bespoke training sessions virtually and these sessions are aimed at staff who come under Tier 1B of the Tier Matrix. She said the Team also facilitates face-to-face Induction Training for large groups of new staff in departments. It was noted that training must be completed every 2 years.

Mrs Keenan advised that between 1 April and 30 June 2024, a total of 1,556 staff completed their training. She said the attendance target for each year is 50% of the total number of staff who require training. She said for the 12 months ending June 2024, the percentage trained is 31.53% which is 18.47% less than required. Mrs Keenan said as attendance at IPC Training is required on a biennial basis, the attendance rate over a 24 month period has also been calculated and as of the end of June 2024, the percentage of staff trained was 60.99%.

Mrs Keenan referred members to a table detailing the rolling annual attendance rate broken down by staff group. She said this level of detail only became available from January 2023, so this was the third occasion that a full year's information has been able to be reported. Mrs Keenan said the IPC Team has focused recent efforts with Professional Leads and Managers to improve attendance, which has shown an increase as detailed in the table.

The Chair commended the performance outlined in Mrs Keenan's report and said the constant vigilance was very important.

8/24/11

ENCOMPASS UPDATE

Mrs Molloy shared with members a update in respect of the "go live" of Encompass within the Western Trust.

Mrs Molloy reminded members that the Encompass Programme was established to implement the Epic system with the vision of supporting the delivery of long term, sustainable digital transformation of health and care services by replacing a number of aging patient administration systems and the dependency on paper records.

Mrs Molloy advised that the Encompass programme was now mid-implementation, with 2 Trusts live and the Northern Trust scheduled to do so on 7 November 2024.

She said the Western and Southern Trusts have planned a Risk Summit with the regional team to consider and agree a go-live date for spring 2025.

Mrs Molloy provided members with an update in respect of implementation within the South Eastern Trust and Belfast Trust. She said the Western Trust assisted colleagues in Belfast and said this was part of a PIF/PIB agreement and the Trust intends to assist the Northern Trust's implementation in the same way.

Mrs Molloy said an upcoming Risk Summit will consider the go-live date for both the Western and Southern Trusts. She said due to the impact of regional specialities on the remaining Trusts, EpicCare Link (read-only) has been rolled out to ensure that Trust staff have access to information that is no longer available on the Northern Ireland Electronic Care Record (NIECR) for patients using cross-Trust or regional services. She said this will continue until all 5 Trusts are on Encompass and NIECR will phase out.

Mrs Molloy said early readiness activities such as provisioning of training accommodation and data quality work has commenced. She said procurement of new devices and enabling works for the new hardware is also underway.

Mrs Molloy advised that each Trust has been allocated funding for the implementation and go-live, however, this was for capital only and the recurrent revenue costs in Trusts for "Business As Usual" running of the Encompass system has yet to be fully determined. She said there will be new or additional activity to support, including costs associated with a significant uplift in devices (electricity, technical support), ongoing BaU training, data quality monitoring, and patient portal support.

Mrs Molloy said it is recognised that the central funding allocations fall short of the identified need in some Trusts, therefore, a letter was sent on 7 June 2024 to Dr Dermot Hughes, SRO for Encompass outlining an anticipated additional funding requirement for the Western Trust.

Mrs Molloy referred to governance arrangements and advised that a robust regional and local governance structure has been established from the outset of the Programme and these Boards and Groups will continue to meet regularly throughout the implementation of Encompass across HSCNI. She said the Regional Programme Board was the overarching Delivery Board which meets monthly and which Dr Cassidy is the Trust's nominee on. She said the Regional Delivery and Readiness Board was the primary board for oversight of delivery at an Executive level. She said within the Trust there were 2 primary Boards which oversee the delivery of work - a Western Trust Programme Board chaired by the Chief Executive, and a Western Trust Readiness Assurance Group (RAG), chaired by herself as the identified SRO. Mrs Molloy said the RAG had a number of sub-groups reporting to it. Mrs Molloy also advised that Operational Readiness Boards had been established across each Directorate to oversee and co-ordinate their readiness activities in

preparation for go-live and that this had increased the ownership of the Programme by all staff and they were meeting monthly working through a readiness checklist which will become essential for the Go-Live Planning Committee reporting later in the year.

Mrs Molloy continued to brief members on the functionality of Encompass. She said Healthcare professionals will access one record across Northern Ireland and the following functionality will be core business on Encompass. She said GPs will have access via an EpicCare Link to enable them to view records and submit referrals however their systems will not link with Encompass to share primary care information with the exception of medications.

Mrs Molloy continued by providing an update in respect of the Trust's readiness. She said the Trust was working closely with the other Trusts to learn from earlier implementations and help improve preparations for our Go-Live. She said to date the delivery against the programme expectation was on track, with a number of key areas of preparation well advanced. Mrs Molloy provided members with an update in respect of project staffing, project plan, readiness checklists, training and super users, end user device assessments, accommodation, data quality, workstreams and cross Trust services.

Concluding her report Mrs Molloy shared with members lessons learned to date. She assured members that the Trust will continue to learn from implementation in other Trusts and said Western Trust staff have attended Belfast Trust Go-live Readiness Assessments and participated in their preparedness work. She outlined key points of learning in respect of training, data quality, accommodation, communication, ownership, focus and administration workflows. Mrs Molloy said the Trust will continue to work in line with the Project Plan and will work closely with the Southern Trust to prepare for a co-ordinated go-live alongside the regional Encompass team and Epic.

Mrs Molloy said the preferred method for sharing information internally is through the Trust Intranet and the Encompass Hub and advised that all papers, events and videos are available for Western Trust staff here to access.

Mrs Molloy said she would bring updates to members on an ongoing basis.

The Chair thanked Mrs Molloy for her informative update.

Dr McGinley referenced Encompass not being linked to primary care and asked was this a regional decision and were there plans for this to change going forward. Mrs Molloy advised that there was a plan that all providers would be able to connect to Encompass however the initial contract did not include GP services however she said it was recognised that it will be an advantage for GPs to have access to Encompass.

Mr Telford welcomed that Encompass is on the Corporate Risk Register. He commended the associated communications strategy which he felt was excellent in giving it the focus and attention that it requires. Mr Telford asked why the risk was being graded as “major” and not “catastrophic”. Mrs Molloy assured that there are significant gateways in place to manage the introduction of the new system. She said within the Trust there are “go live” assessments currently at every 150 day interval but assured members that these will increase in frequency closer to the go live date. Mrs Molloy assured members that there is a significant level of scrutiny and there have been no issues reported to date.

Mrs Laird asked when the Trust would be advised of recurrent revenue funding, or if the Trust does not receive the required funding, what is the contingency. Mrs Molloy advised the Trust awaited a response to its letter of 7 June however there had been some discussion regarding the modest use of general capital funding to make sure the Trust meets its go live deadline. She said the Corporate Management Team has agreed to capital spend and to change the scale of the programme in respect of implementation should the need arise.

8/24/12

DELEGATED STATUTORY FUNCTIONS ANNUAL REPORT – 1 APRIL 2023 – 31 MARCH 2024

Dr Cassidy referred members to the Trust’s Delegated Statutory Functions Annual Report for the period 1 April 2023 – 31 March 2024. He said under the Health and Social Care Act (Northern Ireland) 2022, the Social Care and Children’s Directorate of the former Health and Social Care Board had migrated into the new Departmental group, the Strategic Planning and Performance Group. He said the full range of duties, powers and responsibilities for the exercise of social care and children’s functions, which was previously facilitated by way of delegation by the HSCB were now conferred directly by way of a ‘Delegation Direction’ directly onto Health and Social Care Trusts (HSCTs).

Dr Cassidy referred to the Departmental Circulars which outline the responsibilities of this and said the role of the Executive Director of Social work was described in the Scheme of Delegation as set out in Health and Personal Social Services (Northern Ireland) Order 1994 and the Health and Social Care (Reform) Act (Northern Ireland) 2009 and The Health and Social Care Act (NI) 2022.

Dr Cassidy advised that the Trust had completed its 17th Directed Statutory Functions Report at 31 March which had been forwarded to the SPPG. He said the Trust’s Annual Meeting with SPPG took place on 27 June and said the Trust has strong working relationships with SPPG leads. He said it was acknowledged that the report is generally very positive across all Directorates and key challenges associated with workforce, increasing demand and lack of commissioning had been highlighted.

Dr Cassidy began by taking members through the report commencing with adult services. He referred to improvements and challenges across adult services and Dr Cassidy provided members with the detail associated with both. Dr Cassidy highlighted to members that within Physical Disability services, a continuing challenge was that there are no commissioned pathways for individuals with alcohol related brain disease. Dr Cassidy said Ms O'Brien will continue to raise this with the Commissioner.

Dr Cassidy referred to the challenge associated with protracted waits for access to acute mental health and learning disability beds. He said in addition to this within learning disability services there were challenges associated with clients transitioning to learning disability services, carers assessments and annual reviews. Dr McGinley advised that there are approximately 34,000 carers in the Western Trust area and only 10% of them are known to the Trust. She said that if carers were to withdraw their support this would have a very significant impact on the Trust. Ms O'Brien said the Trust's carers group is being aligned to Older People, Learning Disability and Physical Disability Services to ensure all carers feel they are being heard and supported.

Ms O'Brien referred to access to acute mental health beds and said beds are continuously at 100% capacity. She said staff are working very closely with this patient group. Ms O'Brien referred to a similar challenge within learning disability beds and said there were 5 delayed discharges due to a lack of alternative provider.

Ms O'Brien referred to Encompass and said the assessment of learning disability will move to a new framework and said the adjustment in moving staff from one framework to another will have challenges.

Moving to children's services, Dr Cassidy advised that the SPPG has acknowledged that it has been an extremely challenging year due to increase in demand. He said there was ongoing work within the Trust to innovate and respond to the challenges across children's services. Dr Cassidy detailed for members the key challenges within children's services in respect of unallocated cases, workforce, living arrangements, increase in "Children Looked After" and short break provision.

Dr Cassidy advised that within his Directorate there is a Children's Services Board which reports to the Trust's Strategic Change Management Board. He said this arrangement reflected the Department of Health's Independent Review of Children's Social Care Services report by Professor Jones. He said there were a number of work streams within the Board.

Moving on Dr Cassidy advised that the number of children/young people on the "Children Looked After" register had continued to increase during the year however the number of children with a Care Order had decreased.

Dr Cassidy referred to the number of “Unaccompanied Asylum Seeking Children” arrivals. He said the numbers arriving had increased since 2021 and said there was an increase in demand of indigenous children requiring care with an increase on the workforce and accommodation demands. Dr Cassidy advised that a business case has been developed to secure funding for this client group.

Concluding his report Dr Cassidy said going forward he would continue to update action plans for areas of improvement issued by the SPPG. He said Trust Social Work leads and the Assistant Director for Social Work meet with SPPG 3 times per year to review progress and update actions. Dr Cassidy said as the Executive Director of Social Work he will be provided with DSF updates at the bi-monthly Social Work leadership Forum.

Dr Cassidy commended the report to members.

The Chair thanked Dr Cassidy for his informative presentation and associated report. He asked Ms O’Brien and Dr O’Neill if they wished to provide any comments.

Ms O’Brien advised that significant work had been undertaken and the report reflected this work. She said while Dr Cassidy’s presentation gave key highlights the report provided the detail of this important work that takes place to make a difference to people’s lives. Ms O’Brien said workforce was a continued challenge for a range of services.

Dr O’Neill said that in relation to older people’s services, workforce was on her Directorate Risk Register and there were a number of pilot areas where consideration is being given to how services are being delivered and skill mix is also being considered.

Rev Canon McGaffin commended the detail within the report and the innovative work being done. She acknowledged the ongoing significant challenges in respect of young people.

Dr Cassidy advised members that under the Independent Review of Children’s Social Care Services work, he was chairing a family support work stream focussing on preventing children becoming involved with statutory social services. He said if we can deal with issues as soon as possible this should help. Dr Cassidy said if we do not do preventative work we will continue to be challenged and stretched. He said unless the system changes in respect of social care things will not improve and we need to expand community support.

Dr Cassidy referred to Child and Adolescent Services and said Covid has had a huge impact on young people.

Mrs Laird said members had heard about ground breaking intervention work and said she would like to hear more about this. In addition she said she would like to

hear more of the work being undertaken with young people who are on the margins of the criminal justice system. Dr Cassidy advised that within “Looked After” services we strive to ensure that young people are not “criminalised”.

Following consideration of the Delegated Statutory Functions Annual Report – 1 April 2023 – 31 March 2024 its adoption was proposed by Prof McKenna, seconded by Dr McGinley and unanimously adopted by the Board.

8/24/13

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 MAY 2024

Ms McCauley referred members to the first financial performance report for the 2024/25 financial year, for the period ending 31 May 2024. She advised that as with other years, the content of the report was built upon as issues emerge, albeit early indications confirm that the areas for finance focus remained largely unchanged. Ms McCauley took members through her report.

Ms McCauley advised against statutory financial performance targets, on the basis of the DoH budget settlement, the Trust will be challenged this year in its ability to break-even. Against our prompt payment target, she said the Trust’s performance year to date was 87%, a disappointing start to the year, but said there were signs of improvement with performance in May being 94%.

Ms McCauley said for the period she was reporting on there was a deficit of £6m. Moving to Table 2 in relation to Directorate performance, she said the Trust was reporting a deficit of 4.5% which represented an increase from the prior year. Ms McCauley advised that the highest areas of increase occurred in Trust wide corporate budgets which include medical and surgical equipment, catering and legal fees. While some Directorates were reporting increased run rates, members were advised that there had been a series of finance focus meetings to highlight and discuss issues some of which were as a consequence of unavoidable service pressures. Ms McCauley said in some areas there was very good practice in budgetary control however it was too early in the financial year to advise on any financial performance but this would be done for the next month.

Moving to flexible staffing expenditure, Ms McCauley advised that the Trust was reporting £14.3m of expenditure across agency, overtime and Bank. She said this was lower than over the 12 months of last year. Of the £9.9m spend in Agency, Ms McCauley said 56% of it is medical locum of £5.6m and 37% was nursing amounting to £3.6m.

Ms McCauley reminded members that the Trust does not report on month 1 figures therefore the graphs presented were averaged for both month 1 and 2 and future months will begin to plot the trajectory of expenditure. In addition, she said there will

be more work being undertaken over months 3 and 4 to build on the graphs and ensure they are relevant for this financial year.

Ms McCauley referred to table 4, Medical Agency, and said members would note the growth in the Trust's opening position between this year and last year. She said while hours had grown by 9.5%, expenditure had increased by 17% indicating continued growth in the cost of employing locums.

In moving to table 5, Nursing Agency, Ms McCauley said the Trust had seen a decrease in nursing agency expenditure of 12.7% when compared to the same period in 2023/24 mainly as a direct result of the cessation of off-contract nurse agency nurses. In referring to table 6, Other Nursing, Ms McCauley said members would note the Trust has started the year at a similar level as the Trust closed last year highlighting a continued reliance on nurse agency.

Likewise for independent homes in table 7, Mrs McCauley advised that the growth this year reflected the full-year where we closed last year. She said members would be aware that we have received some funding for growth and this was being applied against this budget.

Ms McCauley advised that from a savings perspective she said there will be full savings monitoring in place from month 3 onwards.

Ms McCauley referred to Trust's capital expenditure and said expenditure at 30 April had been £660k. She confirmed that there is a robust capital expenditure programme and internal and accountability arrangements in place associated with this.

Concluding her report Ms McCauley referred to key messages, she said Directors have committed to deliver against 2 financial performance indicators in respect of the management of expenditure run rates and secondly, the achievement of contingency savings targets in full. She added that Directorates which have demonstrated a concerning expenditure growth trajectory at the early part of the year will be required to target specific actions in order to address any threat to financial forecasts in the Trust's Financial Plan. She said that performance against these indicators will be discussed at monthly Directorate Finance Focus meetings with escalation to the Trust's Delivering Value Board.

The Chair thanked Ms McCauley for informative report.

8/24/14

AUDIT & RISK ASSURANCE COMMITTEE

14.1 Audit & Risk Assurance Committee Annual Report 2023/24

Mr Telford referred members to the Audit and Risk Assurance Committee (ARAC) Annual Report for 2023/24. He reminded members that it is the responsibility of the ARAC to oversee the Trust's governance arrangements, including having oversight of the Trust's risk management and assurance framework, and to provide the Trust Board with assurance on the adequacy and effectiveness of internal control systems and that all regulatory and statutory obligations are being met.

Mr Telford advised that he became member and Chair of the ARAC in February 2024 with Mr Hegarty having been chair from January 2022 to February 2024.

Mr Telford took members through the detail of the Annual Report. Referring to section 4, Internal Audit, he commended the engagement between BSO Internal Audit and the Trust. He said during the year, the Committee had considered 19 reports from the Internal Auditor covering a number of systems and issues and that in her annual report, the Head of Internal Audit had reported that the Western Trust system of internal control was satisfactory.

Continuing Mr Telford referred to Internal Audit Annual Report, and said the Committee considered this at its May meeting. He said that Internal Audit had completed 100% of the audits assigned against the approved Audit Plan. He said 19 audits had been completed as well as a follow up review of the implementation of previous priority one and priority two Internal Audit recommendations being carried out at mid year and again at year end. Mr Telford highlighted that at year end, 80% of the outstanding 247 Audit recommendations examined were fully implemented and 20% were partially implemented. He said the ARAC accepted the findings and recommendations of internal audit in its reports for 23/24 and was satisfied with the management responses to address the control weaknesses identified. Mr Telford advised that the ARAC monitors the implementation of recommendations and has received progress updates from Directors and Senior Management at meetings during the year.

Moving to external audit, Mr Telford advised that the Northern Ireland Audit Office is the Trust's external auditor and the performance of external audit testing has been subcontracted by NIAO to Deloitte. He said senior representatives from NIAO and Deloitte attended Committee meetings during the year. He said in May 2024 the ARAC agreed the external auditor's plan for the audit of the 23/24 Consolidated Accounts and the Charitable Trust Funds Accounts. Mr Telford said the Committee recognised that the reports of the External Auditor presented to the ARAC were robust and comprehensive.

Mr Telford referred to the Trust's Fraud Policy and Fraud Response Plan. He said at 1 April 2023 there were 17 open fraud cases and during 2023/24 there were 30 new incidents of suspected or actual fraud and 15 cases having been investigated with the assistance of PSNI and BSO Counter Fraud Services were closed.

Mr Telford referred to the Committee Statement of Assurance. He said the ARAC is aware that assurances are provided to the Accounting Officer and the Board from a variety of sources and that during 23/24 the ARAC received assurances from Management, Internal and External Audit and from other Assurance Committees. Based on this Mr Telford said the ARAC was satisfied that the Trust's system of governance and internal control arrangements were adequate and satisfactory.

Concluding his report Mr Telford thanked Ms McCauley and Mrs Browne for the work they do in supporting the ARAC. He said their input, governance, openness and honesty was in his opinion second to none.

Mr Telford commended the Annual Report to members for approval.

Following consideration the Audit and Risk Assurance Committee Annual Report 23/24 the adoption of the Report was proposed by Rev Canon McGaffin, seconded by Dr McGinley and unanimously agreed by the Board.

The Chair thanked Mr Hegarty for Chairing the Committee during 23/24.

14.2 Minutes of meeting held on 13 May and 12 June 2024

The minutes of meetings of the Audit and Risk Assurance Committee held on 13 May and 12 June were noted.

8/24/15

ENDOWMENT AND GIFTS COMMITTEE

15.1 Minutes of meeting held on 7 May 2024

The minutes of a meeting of the Endowment and Gifts Committee held on 7 May were noted.

15.2 Verbal Update from meeting held on 10 June 2024

Rev Canon McGaffin advised members that an update on this Committee meeting had been given to a special meeting of Trust Board on 3 July.

8/24/16

BANK MANDATE – AMENDMENT

Ms McCauley sought members' approval for Ms Harron, Band 7 Accountant, to become authorised as a cheque signatory on the Trust's bank mandate.

Following consideration members unanimously supported this addition. Ms McCauley advised that the bank will be advised of this revision.

8/24/17

PERFORMANCE REPORT – BY EXCEPTION

Mrs Molloy advised members that the Trust's performance data for April and May will be presented to the September Board meeting. However, she said there were 2 exceptions which she would like to bring to members' attention.

Mrs Molloy referred to the Trust's performance against the 14 day breast cancer standard. She said the Trust's performance had been affected by work the Trust had undertaken for other Trusts during April and May and said June performance was affected by the junior doctors' industrial action. She said it was not likely that the Trust would recover from this given the challenging target it involved.

Mrs Molloy advised that the Trust is in final discussions with SPPG on the Trust's target position for Quarter 1 24/25. She said based on the Trust's assumptions, the Trust's performance is 50% green which indicated significant improvement from the position at the end of the year. She said the Trust's services RAG rated "red" was 39% and said this reflects the areas the Trust has most difficulty in, and that the issues causing underperformance are intractable.

Concluding her comments Mrs Molloy referred to the letter from Minister Nesbitt indicating a movement to System outcome measures. She said discussions will be held with the Commissioner on how and when we transition to this new approach.

8/24/18

TRUST BOARD DATES 2025

The Chair shared with members a schedule of Trust Board dates for 2025. He said Trust Board meetings would take place on the first Thursday of the month with one exception. He said the January Board meeting would be held on the second Thursday, 9 January, to facilitate arrangements associated with the meeting.

The Chair referred to the rotation of Trust Board meetings across the Trust's geography and said as the Trust will be implementing Encompass in spring, all meeting rooms across the Trust had been booked for essential staff training. In that

regard he said therefore all Board meetings up to July 2025 would be held in Trust Headquarters. He assured members that meetings will return to Omagh and Fermanagh for the Board meetings in September and November respectively.

The Chair asked members to note that there will be a need for a special Trust Board meeting in June to approve the Trust's Annual Report and Accounts and said the date for this meeting would be confirmed in due course.

8/24/19

PEOPLE COMMITTEE

19.1 Minutes of Committee meeting held on 19 March 2024

The minutes of a meeting of the People Committee held on 19 March were noted.

19.2 Verbal Update from Committee meeting held on 11 June 2024

Mrs Laird referred to the Committee meeting on 11 June and said there a number of issues which she felt needed to be expedited to Trust Board in advance of the minutes coming to Board.

- Mrs Laird advised that workforce/recruitment challenges is a standing item on the People Committee agenda and specific reports in relation to Medical and Children's Services workforce were presented to Committee. She said the Committee was disappointed to learn discussion of the Medical Staffing Baseline Report had been deferred at PTEB on 12 June 2024.

Regarding Children's Services, Mrs Laird said vacancy information and recruitment updates were provided. She said it was noted that the roll out of the Primary Care MDT model could have a significant adverse impact on the already very stretched social work staff in the Trust's children's services. She noted this model commenced in 2019 and provided Band 7 Social Work posts which were extremely attractive for Social Workers given they are significantly less pressurised roles, with no requirement to undertake statutory duties.

Mrs Laird said recently the DoH had allocated transformation funding to recruit an additional 30 social worker students through Queens and Ulster Universities (Magee). She said these trainees would commence in September 2024 and complete their courses in June 2026, thus this funding would support the further roll out of the Primary Care MDT model, and it is estimated that 150-200 Band 7 Social Work posts could be recruited regionally as a result of this roll out.

- Mrs Laird advised that the Committee had noted ongoing discussions in respect of the constrained HR Directorate Plan for 2024/25 given the significant impact of the Trust's HR involvement required in the implementation of Encompass and

Equip eHealth programmes and the impact these could have on Trust priorities and “business as usual” functions. She said this matter is to be escalated to the Governance Committee via its annual governance report under key challenges.

- By way of an update from the March Trust Board meeting where Job Planning compliance was escalated, Mrs Laird said the Committee was briefed on a report to CMT on 11 June 2024, confirming 66% of consultants are engaged in sign off or have had their job plans signed off for 2024/25. She said assurance was provided regarding the focus on this matter both at fortnightly CMT meetings and also by Directors with a view to having the majority of job plans signed off by the end of June 2024, and to implement other actions including the establishment of the Steering Group as soon as possible and in line with the timetable set out in the audit action plan. In addition Mrs Laird noted that consideration will be given to liaising with internal audit regarding whether there would be benefit in a re-audit in advance of the mid-year assurance.
- Mrs Laird advised that there were no Workforce Early Alerts to report however she wrote to the Chair and Chief Executive on 4 June 2024 to express concern regarding workforce early alerts.

8/24/20

IMPROVEMENT THROUGH INVOLVEMENT COMMITTEE

20.1 Minutes of meeting held on 14 March 2024

The minutes of a meeting of the Improvement through Involvement Committee held on 7 May were noted.

20.2 Verbal update from meeting held on 13 June 2024

Mrs Laird advised members that the last Committee meeting had taken the form of a Workshop to consider and revise the Committee’s Terms of Reference and develop a structured work plan. She said that the Committee wants to talk to senior executive colleagues about some of the issues that refer to all Directorates, and to consider PPI and PCE and pulling this together.

Mrs Laird advised that a revised Terms of Reference and Job Plan will come to the next Board meeting for consideration and approval.

8/24/21

ANY OTHER BUSINESS

There were no further items of business.

8/24/22

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 5 September 2024 at 10 am in the Boardroom, South West Acute Hospital, Enniskillen.

**Dr T Frawley, CBE
Chair
5 September 2024**