

Minutes of a meeting of the Western Health & Social Care Trust Board to be held on Thursday, 6 September 2018 at 10 am in the Boardroom, Omagh Hospital and Primary Care Complex

PRESENT

Mr N Birthistle, Chairman
Mr K Downey, Deputy Chief Executive

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

Ms K O’Brien, Interim Director of Adult Mental Health and Disability Services
Dr B Brown, Executive Director of Nursing/Director of Primary Care and Older People’s Services
Mrs G McKay, Director of Acute Services
Dr D Hughes, Medical Director
Mrs A McConnell, Director of Human Resources
Mrs L Mitchell, Director of Finance and Contracting
Mrs T Molloy, Director of Performance and Service Improvement
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

8/18/1

CONFIDENTIAL ITEMS

8/18/2

CHAIRMAN’S BUSINESS

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

- The Chairman reminded members that this is Organ Donation Awareness Week (3 – 9 September 2018) and the Trust is encouraging staff to join the Organ Donor register and to make sure to inform your next of kin of your wish to donate, and by doing so giving ‘the gift of life’ to someone waiting for an organ transplant.

Organ donation saves and transforms lives and during the past 10 years the number of people in the UK donating organs after death has doubled. However, the number of patients requiring organ transplants continues to exceed the total number of organs donated and sadly on average 14 people die in Northern Ireland while waiting for an organ transplant.

Becoming a donor after your death could help save the lives of up to 7 people.

There are many ways to register as a potential donor and the Chairman encouraged all employees in the Western Trust to consider being a donor and to talk to your families about your wish to donate.

- The Chairman was delighted to attend the launch of the Cancer Locality Partnership Group on 5 September.

He said the event was an opportunity for Trust staff working across cancer services and the local charitable organisations both in the Western Trust and County Donegal to meet and discuss ideas on how we can work together collaboratively.

He added that the event gave attendees the opportunity to identify themes in which the Western Trust and all partners can work together in co-producing and developing services for our patients and their families.

8/18/3

CHIEF EXECUTIVE'S REPORT

Mr Downey referred to the Chief Executive's quarterly report. He brought to members' attention a number of issues of interest.

- The Trauma and Orthopaedic Service commended in May a virtual fracture clinic. This newly developed pathway involves the review of patients' images and history of patients' injury by an orthopaedic consultant and nurse within 72 hours of attendance at ED. Some patients will be diverted for urgent surgery while others will be discharged with advice on managing their injury with follow up to physiotherapy if appropriate. Those patients who need to be seen at fracture clinic will be seen at appropriate dates by the most appropriate clinician for their injury. This clinic will avoid unnecessary appointments for the patient and reduce demand on fracture clinics.
- The Surgery department commenced nurse led discharge from 17 Ma with the criteria for nurse-led discharge being agreed in liaison with Consultants. To date there have been 44 nurse led discharges. A successful pilot on laparoscopic surgery at the Day Procedure Unit in Omagh Hospital and Primary Care Complex has also been completed. This pilot initially focused on 20 patients and has now been extended to 50 patients. A re-audit will take place after these 50 patients.

- The Western Trust joined the national John's Campaign in 2016 which supports the rights of carers to stay with patients with dementia while they are in hospital. To ensure John's Campaign is implemented fully information was included on the Trust's new hospital visiting poster and policy and posters and flyers are displayed in all wards. Recliner chairs have been purchased so that carers who wish to stay overnight with their loved one can.
- The Trust has recently recruited 3 Trainee Rehabilitation workers for the visually impaired. They will attend Birmingham City University for a 2 year period to undertake an essential academic qualification for the post. This service development will enable the provision of comprehensive rehabilitation programmes for service users with a significant visual loss in the Trust's area.
- The Altnagelvin Parents Support Group held its first Fun Day on Saturday, 21 July for parents and children who have open access to the Children's Unit (Ward 6 and 16) due to lifelong illnesses and conditions. The Parents Support Group was set up to provide support to parents going through similar experiences with their children and aims to help reduce feelings of isolation and provide parents with the opportunity to get to know each other. Most of the children involved are sick and vulnerable and the majority of the time can't attend normal childhood events due to risks of infection being high.
- In respect of the Recovery College, Core Groups of "experts by experience" continue to co-produce and co-deliver courses and offer input to services at a wider level by presenting at both Trust and regional meetings. The Recovery College is a regular feature in the curriculum for second year Mental Health Nursing students at Magee Campus University of Ulster. A co-produced Resource Book for the Recovery College and Adult Mental Health facilities which is being funded by the PHA is currently in production
- Adult Learning Disability Services within the Western Trust, together with partners in the Advisory Group, have been working to develop and improve the communications processes and involvement with service users and carers. Following a number of Involvement workshops, the strategy to improve communication with and involvement of carers and service users has continued to move forward and this includes a new-look website section for Adult Learning Disability Services which is now in the final stages of development. The website will be an integral 'Hub of Information' for service users, carers, staff and the public alike. The website is currently being tested by Service users, Carers and staff alike for further feedback being going live.
- Concluding his report Mr Downey referred to the Trust's bereavement services. He outlined the work that is being taken forward and commended the Bereavement Co-ordinator for her leadership in the development of support for staff, parents and the chaplaincy teams.

8/18/4

APOLOGIES

Apologies were received from Dr A Kilgallen, Chief Executive.

It was also noted that Mr Dixon, PCC, was also not present.

8/18/5

DECLARATION OF INTERESTS

There were no declarations of interest.

8/18/6

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 2 August having been previously distributed were approved as a true and accurate record of discussion.

8/18/7

MATTERS ARISING

There were no matters arising.

THE CHAIRMAN SUSPENDED STANDING ORDERS TO ALLOW THE ANNUAL REPORT AND ANNUAL ACCOUNTS TO BE PRESENTED IN PUBLIC.

8/18/8

PRESENTATION OF ANNUAL REVIEW 2017/18/ANNUAL PUBLIC MEETING

The Chairman reminded members that the Trust is required to hold an Annual Public Meeting to present the Annual Report and supporting Accounts for 2017/18.

He advised that the Annual Report and supporting accounts were subject to audit clearance by the Northern Ireland Audit Office, which was received on 22 June 2018. The Trust had many successes during the year which were reported in the Annual Report and the Chairman urged all to take the opportunity to read the document.

The Chairman asked Mrs Mitchell to make a comment on the confirmed financial position for the Trust.

Mrs Mitchell advised that every public body is required to account for its income and expenditure as well as its assets and liabilities in the form of audited accounts and report to the public by the means of an Annual Public Meeting. She said part of her role as Director of Finance is to report on the financial performance of the Western Health and Social Care Trust for the financial year 2017/18.

Mrs Mitchell reported that the Trust, along with other Trusts in Northern Ireland experienced financial difficulties early in the year however with the support of the Health and Social Care Board the Trust reported a small surplus of £73k. Mrs Mitchell stressed that the Trust's break-even position could not have been achieved without tight financial control coupled with commitment from managers working throughout the Trust to deliver services within budget.

Mrs Mitchell said her report would concentrate on 2 aspects of the Trust's financial performance as reported in the Annual Report and Accounts.

Net Expenditure Account and Statement of Financial Position

Members were advised that the Trust received over £704m. 95% of this income, or just over £670m, came from the Health and Social Care Board.

Almost £40m was spent in 2017/18 on capital schemes, vehicles and equipment. The Trust spent £30m on additions to buildings and dwellings and assets under construction. £10m was spent on other assets and equipment.

Overall Financial Performance

Mrs Mitchell said this was measured against 2 specific targets which are set in legislation:-

- The first financial target is the breakeven target which requires the Trust to contain its annual expenditure within its total income. The Trust was able to do this by £73k.
- The second is control over overall spending on capital within a limit again set by the Department. Mrs Mitchell confirmed that the Trust met this target.

In addition Mrs Mitchell said the Trust was set 2 further financial targets by the DoH. She said the first of these targets related to management costs. The Trust is required to measure each year and to report on its expenditure on management costs. Members were advised that the Trust's management costs for 2017/18 were 3% of the Trust's total income. Mrs Mitchell said the Trust takes very seriously the challenge to tightly control its management costs and to deliver value for money and said she was confident that this was in line with other Trusts in the province.

The second Departmental target is that of adherence to the Prompt Payment Policy which specifies that the Trust pays all non-health and social services creditors within 30 days. Mrs Mitchell reported that 92.2% of invoice value met this standard.

In conclusion, Mrs Mitchell advised that the Western Trust takes its financial management responsibilities extremely seriously and reported a financially sound position mainly because of the financial responsibility shown by all staff working throughout the Trust. Mrs Mitchell took the opportunity to thank service managers and their staff for their continued commitment to providing high quality services within very difficult financial constraints.

Mrs Mitchell said this concluded her report on the financial performance of the Trust for the financial year 2017/18.

The Chairman thanked Mrs Mitchell for her presentation and added his thanks to staff given the difficult financial year. As there were no questions from members of public present the Chairman reinstated the Standing Orders.

8/18/9

QUALITY AND SAFETY

Patient Story - Foster Carers Of Distinction At The Recent Northern Ireland's Foster Carer Of The Year Awards 2018

The patient story was deferred to a future date.

The Inquiry into Hyponatraemia-related Deaths Report 2018

Mr Downey provided members with an update in respect of the implementation of the recommendations from the Inquiry into Hyponatraemia-related deaths Report 2018.

He advised that orientation workshops had taken place for members of the regional Workstreams and Sub-Groups during July and August. He added that the Duty of Quality Workstream induction meeting would take place on 21 September 2018, and the induction meeting for Duty of Candour would take place at the beginning of October.

In respect of Trust Actions, Mr Downey reported that the Trust was continuing to implement recommendations where it can and said that a paediatric user engagement event took place at Altnagelvin in July 2018 as a result of which 4 parents have expressed an interest in being part of a user involvement group. The Trust has also submitted benchmarking assessments to the DoH in respect of recommendations relating to Preparation for Inquests and Duty of Quality.

In providing an update on the recommendations, Mr Downey referred members to the overarching dashboard within papers and advised that the recommendations had been reviewed by the Project Board at its meetings and actions were updated to reflect progress to date. The last update was 22 August 2018.

Mr Downey advised that as part of the Duty of Quality baseline assessment 2 further recommendations were assessed which related to 'Training & Learning' in respect of recommendations 67 and 68 and said these were partially complaint although not included in the dashboard.

Mr Downey said the dashboard showed steady progress and said the Trust is in a good position to take on board some of the regional workstream work which will commence in the months ahead.

The Chairman and Dr McIlroy supported Mrs Doherty's view that a timeline would be beneficial to the dashboard.

Mr Downey confirmed for Mrs O'Kane that there would be resource implications in respect of some of recommendations.

Dr McIlroy commended the work going forward and said the dashboard enhanced the focus to this important work.

Infection Prevention and Control Update

Dr Hughes referred to his monthly report and advised members that the Department of Health had now issued the new healthcare-associated infection reduction targets for 2018/19.

For MRSA bacteraemia, members were advised that the Trust's target is 5 cases. This is the same target as was required last year and 1 case more than the number actually reported in 2017/18 (4).

The Trust's reduction target for *C. difficile* associated disease in 2018/19 is 56; a reduction of 8 cases or 12.5% compared to last year.

Dr Hughes advised that since the beginning of April 2018, 4 MRSA bacteraemia cases had been reported with all being categorised as community-associated. As such, the Trust's performance is currently off profile, being 38.4% in excess of where it should be at this point in the year in order to meet the target.

As of 22 August 2018, the total number of days since the last Trust hospital-associated MRSA bacteraemia was:-

Altnagelvin Hospital – 1,085 days

South West Acute Hospital – 921 days

Tyrone County Hospital/Omagh Hospital & Primary Care Complex – 1,310 days

Members were advised that so far this year 17 cases of *C. difficile* have been reported. 11 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, this is not always an accurate predictor of being healthcare-associated. The remainder 6 cases were classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Dr Hughes advised members that the way the Trust reviews *C. Difficile* cases is changing in that instead of doing a RCA in respect of every positive case a review of the antibiotic prescribing for all patients on that ward will be reviewed. He said that this will enable the Trust to ensure all doctors are being compliant in respect of antibiotic prescribing. Dr Hughes said training has also been undertaken with staff grade doctors and this has seen a change in prescribing.

Dr Hughes reported that in response to the O'Neill Review on Antimicrobial Resistance, the United Kingdom has adopted 2 ambitions in relation to human health, ie to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs). Dr Hughes advised that as of 2018/19 there will be targets for reducing healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. The DoH has now announced the new targets and the Western Trust is expected to achieve 1 fewer case in 2018/19 (301 cases) compared to the baseline figure of 2017/18 (302 cases).

Members were advised that so far this year 116 cases had been reported. The majority of these (100) were categorised as community-associated therefore the Trust is currently on track to meet the target.

Dr Hughes reported that water testing continues throughout key Trust owned facilities. A range of mitigating actions are in place, ranging from increased flushing, chlorination and placement of PAL filters to the removal of dead legs and replacement of pipework.

Concluding his report Dr Hughes said a planned Legionella and Pseudomonas testing programme is also in place for PFI buildings, including the South West Acute Hospital and the Labs & Pharmacy Building, Altnagelvin Hospital. He advised that the process is managed by Interserve FM and Trust Facilities Management respectively. Members were assured that all positive results and proposed actions are reported to core members of the Trust's Water Safety Group (WSG) on an ongoing basis where exceptions are discussed.

Dr Browne referred to the establishment of the community MDT and said that work was being undertaken with the GP Associate Medical Director to look at GP prescribing. He said that if it can be evidenced through the community MDT the origin of the infection this will improve performance in the community. Dr McIlroy welcomed this and the performance made to date.

Environmental Cleanliness Update

Dr Brown reminded members that he would be providing a quarterly report in respect of environmental cleanliness and referred members to an audit overview report for the period April - June 2018.

Referring to bi-monthly reports Dr Brown advised that overall compliance had been 92%, 100% and 95% over the period. He advised that there were 2 wards which had not completed both audits during the period however assured members that new managers for these wards had been appointment and he was confident this would improve.

In relation to quarterly audits members were advised that compliance for the first quarter was 92% with no ward receiving a score less than 75%. Dr Brown said that 6 areas had not completed their quarterly audits and these would be followed up.

In respect of the first month of the 6 monthly audits, it was noted that no audit scored less than 75% with overall compliance being 49%. Dr Brown said this was on schedule for the 3rd month of the 6 month compliance.

In respect of managerial audits Dr Brown said 21% of audits had been completed. He said the 2 areas that scored less than 75% in the audit had achieved significantly higher scores in the re-audit.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Trust's Corporate Risk Register within papers. He said there are 22 risks on the Corporate Risk Register as approved at the Governance Committee meeting on 27 June 2018.

He shared with members a number of proposals for consideration and approval.

- Dr Hughes referred to a proposed new corporate risk regarding a no deal scenario/ hard border in respect of the EU exit. Members were advised that day one delivery planning is required to ensure services continue to operate effectively on day one following EU Exit and in the longer term, and that there is no, or minimal, disruption to services.

Members were advised that the Department of Health is leading on discussions in relation to this.

Members approved this addition.

- Dr Hughes referred to a proposed change to risk ID547 and to the removal of narrative from the risk description.

Members approved this change in narrative.

- Dr Hughes referred to a proposal to add an action plan status column to the CRR summary report. He said this column would capture the performance of actions against risks as recorded on the register. Dr Hughes said a recurring theme from Audit is that actions are often not recorded/maintained on the risk register therefore not providing the required assurance that work is ongoing to manage risk and close gaps in controls. He added that this is an essential part of the risk register and that by adding this column to the quarterly summary report, it would help to highlight issues for discussion.

Following discussion members approved this addition.

- Dr Hughes referred to the current position regarding the Model for Risk Management. He said the regional Governance Leads are currently working to develop a proposal for a HSC Regional Model for Risk Management which is currently in its third draft. Dr Hughes outlined the timeline for agreement.

Following consideration members unanimously supported the timeline.

- Dr Hughes referred to the corporate objectives. He said these were currently aligned to each risk and required review to ensure they reflect the current objectives for the Trust. Dr Hughes reported that in the Corporate Plan the corporate objectives had been replaced with corporate outcomes and there had these have been developed in to 4 key themes. Dr Hughes asked Trust Board to consider whether the corporate risk register should be reflective of the themes and the risk aligned to them.

Members supported this approach.

Concluding his report Dr Hughes confirmed that all actions from the Trust Board workshop on 5 October 2017 had now been completed with updates included against each risk on the register.

8/18/10

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 31 JULY 2018

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 July 2018 contained in the papers.

Mrs Mitchell reminded members that the Trust had reported a forecast deficit for 2018/19 of £58.8m at the beginning of the year. However, the Trust had received its opening allocation for the year on 29 June 2018 which had revised the forecast deficit to £18.8m which included a Control Total of £11.4m. She further advised that the DoH had successfully bid for funding in June Monitoring to alleviate the Control Total which had restated the opening deficit to £7.4m.

She outlined that in August the DoH had requested a further update on the financial position for 2018/19 and she referred to Table 1 which documented the forecast deficit at £23.4m. She also referred to a letter sent to the Trust by the Permanent Secretary dated 23 August 2018 which reminded all Trusts of their obligations to submit a balanced financial plan within their Trust Delivery Plan.

Mrs Mitchell referred to Table 2 which outlines the savings targets for 2018/19 and also the list of emerging costs pressures documented on pages 3 and 4. She then referred members to Table 3 and advised of her concern in relation to the Directorate off plan positions. She stated that if the position was not retrieved then there was a risk that the deficit would increase by £10m. She stated that she had advised the effected Directorates to instigate formal contingency measures to retrieve the position. She stated that she would report further on this work at the next Trust Board meeting.

Mrs Mitchell advised that the Trust is reporting a deficit as at 31 July 2018 amounting to £9.7m.

Mrs Mitchell referred members to Table 4 and highlighted that medical locum costs may reach £20m by the end of the year. She also highlighted the significant increase in agency/bank/overtime compared to the previous year.

Mrs Mitchell referred members to Section 3 which documents the monitoring of savings plans.

The Chairman stated that the Trust was facing a very difficult position financially. He stated that he was reassured that the Directorates were aware of the challenge and urged that services are kept safe firstly and then savings achieved.

Mrs Doherty queried whether the overspend on community equipment would reduce. Dr Brown stated that it should do and that performance re recycling had improved. Mrs Doherty queried whether equipment was returned to the store routinely to which Dr Brown confirmed that they were. Mrs McConnell commented that sometimes the cost of decontaminating equipment was more than retrieving equipment.

8/18/11

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management information report for month ending July 2018. She said that given the limited time today, her presentation would be a summary of the month 4 position in respect of performance improvement trajectories and other key areas for escalation.

Commenting on the improvement trajectories relating to unscheduled care, Mrs Molloy advised that in general the Trust was off plan against the predicted position at this point in the year. Against the 4 hour standard the Altnagelvin position remained strong at 75%, however the position in SWAH was some 10% below the expected level. The Trust's overall performance had been 78% in July which remained the strongest in the region despite this, and the Health and Social Care Board has acknowledged this, and noted the pressure of increased attendances in both hospitals. It was noted that the regional average was 72%.

Members were advised that in relation to complex discharges the Trust's position was 80% which was some 5% below that expected at this point in the year, and Mrs Molloy referred in particular to areas of improvement which had been factored into the trajectory but are behind programme in their implementation. It was expected that the position would improve once these are on the ground.

In respect of performance against the 12 hour ED standard members were advised that in July 2018 there had been 128 breaches. Mrs Molloy said the Western Trust had significantly fewer breaches than any other Trust, and that there had been a general increase in the number of breaches in every Trust in this year.

Mrs Molloy referred to the performance improvement trajectories for cancer, diagnostics and elective care services, and advised members that these were on track in general, against the trajectories agreed with the Health and Social Care

Board and the HSCB had again acknowledged the Trust's consistently high level of performance in cancer and diagnostics.

She said that in relation to the cancer 14 day pathway, the Trust's performance had been 99.8%; against the 31 day pathway the Trust's performance had been 99.8%; and against the 62 day standard, the Trust's performance had been 85%. Members were advised that significant discussion had taken place on the challenges with regard to the 62 day standard at the Finance and Performance Committee, and improvement plans were being put in place for endoscopy in the southern sector. Moving to inpatient and day case activity members were advised that the Trust's performance had been -7% while performance in new outpatients/core elective was -10%, which were both ahead of the expected position.

Continuing with mental health services Mrs Molloy advised that the areas under review by the Health and Social Care Board were broadly on track with the exception of CAMHS, which had 98 patients breaching the required standard in July. She said that this service had seen a significant increase in demand, and that there were considerable efforts to manage this and introduce necessary improvements and additional capacity to meet a zero breach position by year end. She said that there was significant scrutiny of this area through the various accountability processes in the Trust, and with the Health and Social Care Board.

Mrs Molloy referred to performance in psychological therapies. She advised that there was a slight increase in the number of breaches to 548 which in the main resulted due to staff recruitment challenges.

Continuing with other key issues Mrs Molloy advised that there was an excellent position against all modalities in relation to diagnostics. She said that challenges remained within Endoscopy with 500 patients breaching. Members were assured of the work on an improvement plan in this service. Members were advised that there is a deteriorating position within audiology and recovery actions would need considerable focus.

Mrs Molloy advised that there is a slowly improving position with AHPs, with challenges within community paediatrics being escalated to the HSCB.

Mrs Molloy ended her presentation by advising that a WLI Plan is required to focus on reviews beyond clinically indicated date, red flag/urgent and long waiting outpatients and Inpatient/daycase patients, and at this point only inhouse additional work is authorised. She said that underachievement in quarter 1 would be re-planned with agreement of the HSCB, and that this had largely resulted from services being unable to secure additional internal capacity. The Trust is still in discussion with the Health and Social Care Board about the need to authorise additional capacity from the Independent Sector in a limited number of areas.

8/18/12

FINANCE AND PERFORMANCE NOTES FROM 31 JULY 2018

Members noted the notes of a meeting of the Finance and Performance Committee held on 31 July for information.

Dr McIlroy advised that discussion had taken place on a wide range of issues including complex discharge and dementia services.

8/18/13

ANNUAL REPORTS 2017/18

- Medical and Dental Education
- Environmental
- Fire Safety

Following discussion the above annual report were unanimously approved.

8/18/14

POLICIES

- Surgical Safety Checklist Application (WHO Surgical Safety Checklist)
- Management of Patient Choice Delayed Discharges
- Decontamination of Reusable Invasive Medical Devices

Following discussion the above policies were unanimously approved.

- Discharge from Adult Critical Care Services

This policy was deferred to a future Board meeting.

8/18/15

TRUST DELIVERY PLAN

Mrs Molloy advised members that this item had been deferred to the October Trust Board meeting.

8/18/16

BUSINESS CASE FOR THE REPLACEMENT OF THE PRIMARY MRI SCANNER IN THE MAIN RADIOLOGY DEPARTMENT OF ALTNAGELVIN HOSPITAL

Mrs McKay referred members to a business case which outlined the requirements and rationale for the replacement of the current primary Magnetic Resonance Imaging (MRI) scanner in the Radiology Department of Altnagelvin Hospital. Following discussion the business case was unanimously approved by members.

8/18/17

WHSCT EQUALITY PROGRESS REPORT 2017-2018 TO THE EQUALITY COMMISSION FOR NORTHERN IRELAND (ECNI)

Mrs Molloy referred members to the Trust's Annual Equality Progress Report April 2017 – March 2018 .

She reminded members that the Trust is required by the Equality Commission to submit an Annual Equality Progress Report and that the content of the report evidenced that there had been sustained commitment across the Trust to meet statutory obligations under Section 75 of the Northern Ireland Act 1998 and Section 49A of the DDO 2006 and that there had been significant progress in all areas of the Trust's Equality Scheme, Section 75 Equality Action Plan (EAP) and Disability Action Plan (DAP).

Following consideration the annual report was unanimously approved by members.

8/18/18

TENDER AWARDS

Combined Heat And Power Plant Units For Altnagelvin Hospital And Omagh Hospital And Primary Care Complex – Sites

Mrs Molloy shared with members a tender evaluation report in respect of the installation of the CHP sites for Altnagelvin Hospital and Omagh Hospital and Primary Care Complex.

Members were advised that the lowest tenderer formally withdrew from the tender process owing to an arithmetical error. The second lowest tender sum was above the budget for the work however following consultation with the contractor a reduction of the tender had been agreed which had resulted in a revised tender figure. Members were assured that this reduction would not affect the overall objectives of the project.

Mrs Molloy assured members that the revised tender figure had been evaluated by the quantity surveyor who had confirmed that it represented value for money and recommended that consideration should be given by the Trust to accept the tender for the works.

Mrs Molloy recommended to members that it approve the award of the contract to CHC Group Ltd.

Following consideration members unanimously approved the award of the tender to CHC Group Ltd.

8/18/19

TRUST FUNDS

There were no trust funds for consideration and approval.

8/18/20

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

Mr Dixon was not present and therefore there were no issues raised.

8/18/21

ANY OTHER BUSINESS

Dr Brown invited members to the annual nursing, midwifery and AHP conference and Awards on 2 October 2018.

He said the event would be a day of knowledge sharing, learning, recognising and celebrating the extraordinary work, passion, commitment and dedication of our nurses, midwives and AHPs in the Trust.

Dr Brown said guest speakers on the day would include our Chief Executive, Chairman, the DoH Chief Nursing Officer & AHP Lead Officer with a number of external and internal presentations.

8/18/22

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 4 October 2018 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
4 October 2018**