

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 4 October 2018 at 9.30 am in the Denis Desmond Room, Trust Headquarters**

**PRESENT**

Mr N Birthistle, Chairman  
Dr A Kilgallen, Chief Executive

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

Mr K Downey, Deputy Chief Executive  
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

9/18/1

**CONFIDENTIAL ITEMS**

9/18/2

**CHAIRMAN'S BUSINESS**

The Chairman welcomed everyone to the October Board meeting in Londonderry. He referred to a report of his business from the previous meeting.

- The Chairman began by advising that Mrs Cummings, Mrs Doherty, Mrs O'Kane and himself had accepted a further extension to their contracts to 31 March 2019. However, if a Minister for Health is appointed and new appointments to the Western Trust Board are made prior to 31 March, they could be asked to stand down from their appointments early.

- On Monday, 10 September the Chairman was delighted to attend an event with the Derry/Londonderry City Region Economic Summit with the Rt Hon the Lord Mayor of the City of London Alderman Charles Bowman. He said that discussion took place on various issues including the Postgraduate Medical School.
- On 2 October the Chairman was delighted to attend the Nursing, Midwifery and APH Conference and Awards Ceremony.

The conference entitled – “NHS 70 Years on ... Exceeding Expectations” looked at how the world has changed and healthcare has transformed, and how nursing, midwifery and the allied health professions have evolved as a professional workforce, overcoming many challenges to become some of the most advanced, skilled and admired practitioners in the world.

The Chairman said the conference demonstrated the transformation that has taken place, the tremendous leadership in these areas and the quality improvements that have and are taking place.

9/18/3

### **CHIEF EXECUTIVE’S REPORT**

Dr Kilgallen advised there were a number of issues she would like to advise members.

- Members were advised that the flu vaccination programme started on 1 October. Dr Kilgallen said the flu target is 40% of frontline staff however the outcome last year was 28.5%. Dr Kilgallen said that a number of actions have been put in place to increase the uptake rate which includes the recruitment of peer vaccinators in all areas and departments to provide in-reach to services. In addition Flu champions have been recruited aligned to the enhanced communication strategy and local flu testing has been put in place to provide immediate diagnosis and keep patients safe through appropriate allocation of single rooms due to limited single room capacity on Altnagelvin site.

Dr Kilgallen said that new flu vaccine will protect against 4 strains of the flu virus.

- Dr Kilgallen advised that she attend the award ceremony for post graduate and diploma students in health and social services management. She said that 8 members of staff had achieved this tremendous accolade.
- Members were advised that the Trust received confirmation on 20 September that it will receive funding to implement Myaction Preventative Cardiology Programme within the Western Trust.
- Members were advised that the Western Trust is 2 of the initial roll out sites in Northern Ireland in relation to MDTs. Dr Kilgallen said the Trust has been asked

to proceed with the recruitment of 125 staff who will be based in health centres from Limavady to Londonderry.

- Dr Kilgallen advised that work was progressing with establishing the Pathfinder initiative and that work is focussing on the communication and engagement process with further early engagement planned for later in October.

Dr Kilgallen said her report demonstrated the momentum on transformation within the Trust. Mrs Cummings said that some concern had been expressed at the Finance and Performance Committee that transformation would deplete other core services of staff. Dr Kilgallen acknowledged that this is a risk across transformation. She stated that considerable attention and effort is being made by Directors to pre-empt and mitigate this risk.

9/18/4

#### **APOLOGIES**

Apologies were received from Mrs Woods and Mrs O’Kane, Non-Executive Directors.

9/18/5

#### **DECLARATION OF INTERESTS**

There were no declarations of interest.

9/18/6

#### **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting having been distributed were approved as a true and accurate record of discussion.

9/18/7

#### **MATTERS ARISING**

There were no matters arising.

9/18/8

**QUALITY AND SAFETY**

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

Mr Downey provided members with an updated position on the hyponatraemia inquiry report recommendations and said that again steady progress was being demonstrated. He said his briefing showed action both locally and regionally.

Members were advised that the DoH wrote to Trusts in September 2018 seeking an updated position in relation to arrangements to address paediatric clinical recommendations 10 and 12. Mr Downey advised that a follow up meeting with Trusts by members of the Paediatric Clinical Workstream will be organised by the DoH.

Mr Downey reported that following correspondence from the DoH in July 2018 to advise that RQIA has been asked to carry out an examination of Service Adverse Incidents in support of the implementation of the IHRD recommendations, RQIA commenced its work in August 2018. Members were advised that significant internal work has been undertaken as a result of which the percentage compliance for the SAI investigation recommendations within the Trust responsibility has increased from 38% to 100%.

Mr Downey said the SAI process and engagement training has now been developed and sessions are organised as part of the Trust's SAFEmber programme. It was also noted that performance in relation to SAI engagement is reported at Trust Governance Committee and a Rapid Review Group has been established to monitor, review and quickly identify learning from SAIs etc for sharing across appropriate forums. In relation to inquests, Trust Board is now briefed on all upcoming inquests and Coroner training for medical staff took place in September with further training arranged for October.

Continuing Mr Downey advised that the DoH has asked Trusts to nominate 2 or 3 representatives from their internal oversight committees to attend a regional meeting on 16 November where an update on work to date will be provided and there will also be an opportunity to raise any queries.

Mr Downey advised that a first meeting of the Duty of Candour workstream took place and Mr Doherty confirmed he attended this.

Concluding his report Mr Downey referred members to the dashboard within papers which has been reviewed by Project Leads and actions which have been updated to reflect progress to date. It was noted that the dashboard was last updated on 26 September 2018.

Dr O'Mullan thanked Mr Downey for his briefing and said it was very useful in terms of her being able to make a contribution to the workstream she is part of.

## **Infection Prevention and Control Update**

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

He reminded members that the Department of Health (DoH) has now issued the new healthcare-associated infection (HCAI) reduction targets for 2018/19. For Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 5 cases. That is the same target as was required last year and one case more than the number actually reported in 2017/18 (4).

Dr Hughes added that the Trust's reduction target for *Clostridium difficile* (*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 so far this year 25 cases of *C. difficile* have been reported. He said 14 of these cases were classified as healthcare acquired or associated as they occurred more than 72 hours after admission to hospital. The remaining 11 were classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Dr Hughes said 8 cases had happened in the past month with 25 cases in total to date. He said that 5 were classified as community acquired and 3 were hospital acquired.

Members were advised that in response to the O'Neill Review on Antimicrobial Resistance, the United Kingdom has adopted 2 ambitions in relation to human health - to improve antibiotic prescribing and to reduce gram-negative bacteraemias (GNBs).

Dr Hughes advised members that as of 2018/19 the DoH had introduced targets for reducing healthcare-associated GNBs, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. He added that the Trust is expected to achieve 1 fewer case in 2018/19 (49 cases) compared to the baseline figure of 2017/18 (50 cases), which equates to a reduction of 2%.

Dr Hughes advised members that since the beginning of April 2018, 6 MRSA bacteraemia cases had been reported. All were categorised as community-associated. As such, the reduction target set has been exceeded, with a cumulative increase of 50% compared to last year, and cannot now be achieved.

Members were advised that the 2 most recent bacteraemia cases are being investigated to ascertain the likelihood of possible contamination of the blood cultures. Dr Hughes advised that the MRSA identified had been typed and further fingerprinting had indicated that the isolates were identical and suggested person to person transmission. The blood cultures were both taken in the Emergency Department, South West Acute Hospital within 4 hours of each other and both cases will be investigated by root cause analysis (RCA).

Dr Hughes referred members to information on hand hygiene and pseudomonas.

Dr McIlroy referred to the 8 new cases of *C. difficile* and accepted that the Trust does not have the same control over prescribing in the community.

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

Dr Hughes referred members to the Trust's Corporate Risk Register and Assurance Framework. He said there were 23 risks on the Corporate Risk Register as approved at Trust Board on 6 September.

Members were advised that there were no material changes to the CRR for consideration and approval.

9/18/9

### **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING – 30 AUGUST 2018**

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

Mrs Mitchell advised that the Trust had received an easement of £4.8m from the HSCB in terms of the savings target of £12m. She reminded members that she had advised at the last meeting that the Trust was reporting an off plan position against its internal savings target and that there was a need for 3 Directorates to adopt formal contingency measures to retrieve the internal shortfall. Mrs Mitchell advised that she had carried out a financial assessment of these actions and had determined that the Trust could not retrieve the internal shortfall by £9.1m. She advised that she had reported the position to the HSCB/DoH and had revised the forecast year end deficit to £24.4m.

Mrs Mitchell reported that the deficit at 31 August 2018 was £10m all elements of which had been factored into the external forecast deficit for 2018/19.

Mrs Mitchell referred members to the table on page 5 and highlighted the increase of almost 20% in agency/bank/overtime compared to the previous year. She also stated that it was still estimated that medical locum costs will reach £20m in 2018/19.

Mrs Mitchell concluded her report by highlighting Section 4 on Elective Care expenditure and Section 5 on Capital Resource Limit.

Dr McIlroy welcomed the financial easement in terms of the savings target, however he highlighted that this was a non-recurrent solution against a recurring target. He also mentioned the increase in medical locum costs and the need for the DoH to take measures such as introducing a medical locum cap to help limit expenditure in this area.

Mr Campbell referred to the increase in locum expenditure and asked whether the Director of Finance was confident that the financial projections took full account of the increase and any other cost pressures. Mrs Mitchell advised that she met monthly with Directors to discuss the financial position and that cost pressures were a standing item on the agenda.

Dr Hughes stated that it was difficult to fully predict medical locum costs due to the twice yearly intake of training doctors.

The Chairman queried whether we were losing staff to agencies. Dr Hughes said that in relation to medical staff that this was the case. Mrs McConnell said that the younger generation preferred a more flexible working arrangement and as a result agency working did appeal to some staff.

Mr Campbell asked whether QiCR was delivering in full. Mrs Mitchell advised that there is a shortfall estimated in year in the region of £1m which will be covered by other solutions and that this is a disappointing performance.

9/18/10

### **PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy referred members to the performance management report for the month ending August 2018 for information. She advised that the Trust had recently held its regular accountability meeting with HSCB which was a positive engagement, and a number of escalated issues had been agreed for further work.

She said her presentation today would focus on month 5 performance and relevant improvement trajectories.

Commencing with unscheduled care and performance against the 4 hour standard Mrs Molloy advised members that the Trust's overall performance for the period April – August 2018 had been 77%. Performance was 75% in Altnagelvin Hospital and 71% in the South West Acute Hospital. She said this was below the predicted performance of 80%, however all NI Trusts had difficulty in meeting their predicted performance levels so far this year. She advised that SWAH was 9% below the predicted level and that this was the primary reason the Trust was off plan against this trajectory.

Mrs Molloy continued to share with members a comparison of ED attendances by triage category 1 and 2 and triage category 3 and 4 across the 2 acute hospitals for the period April – August 2016, 2017 and 2018. She said that full discussion took place on this information at the Finance and Performance Committee meeting and with the HSCB at its recent Performance accountability meeting, as the level of increased demand is higher in the West than in any other Trust across Northern Ireland.

In looking at the statistics for Altnagelvin Hospital, members were advised that the growth in attendances is largely for the higher acuity category 1 and 2 patients which

mean patients have more complex needs. Despite this, Mrs Molloy said that admission rates from ED into the hospital had fallen, and that last month the average conversion rate from ED attendance to admission was 19% which demonstrated robust and effective processes in assessing, treating and discharging patients appropriately. Mrs McKay said this performance was attributed to the excellent ambulatory care pathway in Altnagelvin Hospital, which had been successfully in providing robust ambulatory pathways for patients, so they did not require admission. She said other Trusts are looking at the model and the Ambulatory Care Unit sees between 100-120 patients per week and deals directly with GP referrals.

Moving to the same comparisons for the South West Acute Hospital, Mrs Molloy said the pattern of ED attendances and conversions to hospital admission are different. She said the growth in attendances had been in category 3 and 4 patients – patients with less acuity. Mrs Molloy said the conversion rate to hospital admission within SWAH was on average 23% but it was noted that there is not an ambulatory care model yet established in SWAH, and that this was one of the projects which had secured funding from the Transformation Programme.

Discussion took place regarding an ambulatory care model within SWAH and it was recognised the establishment of this should see a similar reduction to the numbers of patients requiring admission. Mrs McKay said that the ambulatory model in Altnagelvin is also being considered for extension for cardiology, surgical and respiratory patients.

Looking at the regional ED position Mrs Molloy advised that average performance for the region against the 4 hour standard during August 2018 had been 72.1% - the Western Trust was the highest performing Trust at 77.3%. Performance against the 12 hour standard regionally had been 1,499 breaches and again the Western Trust had the fewest number of breaches at 70. Mrs Molloy advised members that despite the drop in performance, the Trust's performance remains the best in Northern Ireland at this time, but that the Trust was nevertheless disappointed that it had deteriorated since last year. Dr McIlroy asked that members note that the Trust was securing its performance while dealing with a sustained increase in attendances.

Mrs Molloy continued with complex discharges. She said that performance against the standards that complex discharges will take place within 48 hours, the Trust's overall performance had been 80% against a predicted performance of 86%, which was disappointing given the programme of work which the Trust had embarked on to deliver an improvement in this standard. Mrs Molloy explained that a number of initiatives had been delayed in their delivery but would come on stream in time for the winter period.

Moving to performance within cancer services, Mrs Molloy said that in relation to the 14 day standard the Trust's performance for the period April – August had been 99.8%. She said during August there were 293 patients seen – all within the 14 day standard.

The Trust's performance against the 31 day target had been 99.7% and during August there were 118 patients treated of which 99.2% received their first definitive

treatment within the 31 day standard to treat. Mrs Molloy advised that the one breaching patient in August had been seen at 32 days.

Against the 62 day standard the Trust's performance for the period April – August had been 85%. During August there were 70 patients treated of which 59 began their first definitive treatment within the standard. Mrs Molloy continued to outline issues with regard to achieving the 62 day access standard in respect of access to GI diagnostics, urology pathways and access to PET scan, and advised that the Trust would meet with HSCB in the coming week on the difficulties arising in meeting the standard, so that joint work could be planned to address these specific areas.

Mrs Molloy referred to performance in respect of Elective access, which is currently in line with the required improvement trajectory. In Outpatients the number of patients waiting less than 9 weeks for their first outpatient appointment was 29% with 24,842 patients waiting longer than 9 weeks, and 12,436 patients waiting more than 52 weeks

Mrs Molloy shared with members some highlights within elective care. She said a contingency plan had been developed to minimise the potential impact the upgrade works in the Daycase Elective Surgery Unit (DESU). The contingency plan will see reduced inpatient activity at Altnagelvin, offset by increased day case provision as sessions have been temporarily relocated from DESU to the new day case theatres. Mrs Molloy added that the upgrade works will start in the new calendar year, and last until May 2019.

Mrs Molloy advised members that in respect of the Trust's resilience plan, all Trusts have agreed to have a downturn of planned routine inpatient surgery for 5 weeks from 24<sup>th</sup> December to end January 2019, in order to minimise late cancellation of patient surgery during this time of expected pressure from unscheduled demand.

Members were pleased to note that waiting list initiatives are underway with both in-house and independent sector work commencing. Mrs Molloy said that the HSCB had approved Independent Sector WLI for general surgery and trauma and orthopaedics to the value of £2.2m. It was noted that a plan for the independent sector in respect of other specialities is being discussed with the HSCB.

Continuing with Inpatient/Day Case the number of patients being seen within the 13 week standard was 33% with 11,482 patients waiting longer than 13 weeks and 4,872 waiting longer than 52 week. She said performance against the trajectory was -9% against a predicted performance of -10%. Mrs Molloy shared the detail of the specialities that did not meet their predicted performance. Mrs Molloy said the Trust's performance was acknowledged at the performance accountability meeting the day before.

In relation to new outpatients the Trust's performance against the trajectory was -11% against a predicted performance of -14%. Mrs Molloy shared the reasons why some specialities did not meet their predicted performance.

Mrs Molloy referred to the position for diagnostic imaging services and that at the end of August there were only 13 patients waiting more than 9 weeks against a

predicted position of 10. The 13 patients waiting more than 9 weeks were 7 MRI and 6 CT scans. Mrs Molloy said this was an excellent outturn across all areas of imaging services. Members were reminded that that funding support for additional echoes has been escalated to the HSCB, and she provided an update in respect of challenges and work to improve access to audiology services.

Referring to endoscopy, it was noted that at end of August there were 707 patients waiting. Members were advised that there is an internal improvement plan in place for endoscopy in the southern sector of the Trust and a gradually improving picture is being realised.

Mrs Molloy referred to the performance improvement trajectory in relation to CAMHS. She advised at the end of August there were 94 patients waiting against a predicted position of 47. Members were advised that there has been an increase in demand from April – August 2018 by some 30% which had not been factored into the trajectory, and that the commitment to meet a zero breach position by end of year was being maintained.

Dr McIlroy remarked the increase in demand and asked if the Independent Sector could assist in this area. Mr Downey said the Trust had already an extensive range of contracts with the independent sector and some have capacity to increase activity. Mr Downey also stated that from 1 October the Choice and Partnership Approach will also extend the Trust's capacity to offer appointments to children.

In respect of the 9 week access target in relation to mental health services, members were advised that there were 548 patients breaching this target. It was noted that the predicted position was 591. Mrs Molloy said that workforce issues continue to be a challenge. She said the service has agreed a Quality Improvement approach to address the 9 week performance standard which is being led by the Assistant Director and the clinical psychology lead in the Trust. She said an initial workshop took place on 27 September with weekly meetings taking place which focus on recovery in year and outcome based accountability. Mrs Molloy said her directorate would continue to work closely and support the service with this improvement trajectory.

Referring to Dementia services, members were advised that at the end of August there were 53 patients breaching the 9 week access standard. It was noted that the predicted position was 184 patients. Members noted an improved position from March 2018 with a decrease in the monthly breaches due to increase in memory nurse capacity, and that it had been agreed that the Trust and HSCB would review this trajectory in the next quarter due to the sustained improved position.

In relation to psychological therapies members were advised that at the end of August there were 577 patients breaching the 9 week access standard. It was noted that the predicted position was 577, and that this position had declined from March 2018 with psychology staff recruitment challenges impacting on performance across all areas. Members were advised that a waiting list initiative bid has been submitted to the Health and Social Care Board and a response is pending.

In relation to Children's Services, members were advised that in relation to the standard that at least 50% of children are seen within 9 weeks for their first outpatient appointment and no child waits longer than 52 weeks, the Trust performance had been 28% with 631 children waiting longer than 9 weeks and 118 children waiting longer than 52 weeks. Members were advised that these figures included 400 children with ADHD waiting more than 9 weeks and 188 children with ASHD waiting more than 52 weeks.

Mrs Molloy said that internal improvement projects were continuing internally in the service, and Mr Downey referred to the ADHD emotional mental health pathway and said the Trust had held a workshop and agreed to begin work earlier than the region. He said that some additional funding is being received for this pathway.

Mrs Molloy advised that this was an area of continuing concern and that this issue has been escalated to the Health and Social Care Board and regional work is being led on workforce availability and education pathways.

Members were advised at that end of August there were 662 Looked After Children, which was a continuing increase on previous months.

Mrs Molloy referred to performance against Allied Health Professional services. She said this month performance had continued to improve gradually, with 4,043 people more than 13 weeks. She said there was decreased number of patients waiting across all specialties from the March 2018 position.

Concluding her presentation Mrs Molloy provided members with a summary of the key issue from today's presentation – continued concern with regard to unscheduled care, however performance against trajectories was largely on track for all other areas; with waiting list initiative support received for additional activity and a small number of issues escalated to the HSCB.

The Chairman thanked Mrs Molloy for her very comprehensive presentation.

9/18/11

#### **FINANCE & PERFORMANCE COMMITTEE FROM 4 SEPTEMBER**

Mrs Cummings referred members to the notes of a Finance and Performance meeting held on 4 September for information.

She referred to the most recent meeting held on 2 October and said full discussion took place on the support Directorates.

Mrs Cummings thanked Mrs Mitchell and Mrs Molloy's team for the quality of information presented to the Committee.

Mrs Cummings said that a presentation was given on Acute Care at Home and asked that a copy be shared with all the Board members for information.

Discussion took place regarding the QICR team and how it does not have control in ensuring its recommendations are implemented within Directorates and it was suggested that the target for QICR projects is too high.

Mrs Mitchell advised members that the target for QICR 4 years ago was £4m and this target has now been reduced to £2.5m. Projects such as absence management have achieved tremendous results with financial benefits of £1.5m being realised to date.

Discussion continued on the future programme of work for QICR and it was agreed the way forward would be discussed by the Corporate Management Team.

9/18/12

### **MINUTES OF GOVERNANCE COMMITTEE MEETING – 27 JUNE 2018**

The Chairman referred to the minutes of a meeting of the Governance Committee held on 27 June 2018. The minutes were unanimously approved by Trust Board.

9/18/13

### **EMPLOYER REQUIREMENTS FOR THE MOULD ROOM SERVICES WITHIN RADIOTHERAPY**

Dr Hughes referred to papers previously distributed and to recommendations which had been developed in conjunction with the Trust's Occupational Health Department:-

- The Medical Director assumes responsibility as the 'employer' for the purposes of compliance with the Control of Lead at Work Regulations (Northern Ireland) 2003. This is consistent with the approach taken for radiation protection legislation.
- Operational responsibility for working with lead at the North West Cancer Centre specifically is delegated by the employer to the Head of Radiotherapy Physics (being the head of service responsible for the area where lead is used), answerable to the Radiotherapy Governance meeting (comprising the 3 heads of service, plus General Manager and Assistant Director) and reporting to the employer via the Cancer & Diagnostics Hospital Management Team and existing Trust governance structures. Day to day management of lead working arrangements will be undertaken by the Principal Dosimetrist.
- Lead working practices, controls and risk assessments are reviewed at least annually. This will be the responsibility of the Radiotherapy Governance meeting, with a formal report being prepared for Cancer & Diagnostics Divisional meeting
- The Trust's Occupational Health Department and the radiotherapy Principal Dosimetrist will liaise closely to develop arrangements for relevant pre-employment health screening (establishing blood lead level baselines) and an

appropriate health surveillance programme. These arrangements will be reviewed three months after working with lead commences and then annually thereafter.

Following consideration the recommendations were unanimously approved by members.

9/18/14

### **TRUST BOARD DATES 2019**

The Chairman referred to proposed meeting dates for Trust Board for 2019. Following consideration they were unanimously supported. Dr McIlroy asked that the meeting dates be emailed to members.

9/18/15

### **TENDER AWARDS**

#### **Ward 4 Refurbishment – Tender Report**

Mrs Molloy shared with members a tender evaluation report in respect of the refurbishment of Ward 4, Altnagelvin Hospital.

Mrs Molloy advised members that the tender sum submitted by the lowest tendered was evaluated by the quantity surveyor had had confirmed that the tender represented value for money and recommended that consideration should be given by the Trust to accept this tender for the work.

Mrs Molloy recommended to members that the tender is awarded to the lowest tenderer.

Discussion took place regarding the tender and Mrs Doherty sought assurance in respect of the removal of asbestos. Mrs Molloy said that she would seek this assurance from her Estate colleagues and report back to Mrs Doherty.

Mr Campbell raised a query with regard to the business case and the costs detailed within this. Mrs Molloy said that she would seek this clarity and report back to Mr Campbell.

Subject to these assurance members unanimously approved the award of the tender to the lowest tenderer.

9/18/16

### **TRUST FUNDS**

There were no Trust Fund applications for consideration.

9/18/17

**ANY OTHER BUSINESS**

There were no further items of business.

9/18/18

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 1 November 2018 at 10.00 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

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**Mr N Birthistle  
1 November 2018**