

**Minutes of a meeting of the Western Health & Social Care Trust
Board to be held on Thursday, 1 November 2018 at 10 am in the
Lecture Theatre, South West Acute Hospital, Enniskillen**

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 T Molloy, Director of Performance and Service Improvement
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs K Bryson, Assistant Director of Finance
Mr O Kelly, Head of Communications
Mrs M McGinley, Executive Officer to Chief Executive

10/18/1

CONFIDENTIAL ITEMS

10/18/2

CHAIRMAN'S BUSINESS

The Chairman welcomed everyone to the Board meeting in Fermanagh.

- He began by welcoming Ms Orla Boyle, a first year Trainee on the HSC Procurement Graduate Management Trainee Scheme based in the Business Services Organisation. Ms Boyle is being mentored by Mrs Molloy.

- The Chairman was delighted to advise that on 23 October Ms O'Brien was offered and accepted the role of Director of Adult Mental Health & Disability Services.
- On 22 October the Chairman was delighted to attend the launch of the Move More programme – a joint venture between the Trust, Macmillan Cancer Support and Derry City and Strabane Council.

10/18/3

CHIEF EXECUTIVE'S REPORT

Dr Kilgallen referred to a number of issues for members' attention.

- She said the Trust welcomed the announcement made by the Department of Health on the Regional Centres for cataract and varicose veins. It is planned that from December 2018, the new prototype elective care centres will undertake routine day surgery for cataracts and treatment of varicose veins.

The prototypes for varicose veins will be based at Lagan Valley Hospital and Omagh Hospital and Primary Care Complex; and those for cataracts will operate from three locations - Mid-Ulster Hospital, Downe Hospital and South Tyrone Hospital.

Dr Kilgallen added that the centres would significantly reduce waiting lists for both procedures over the next 2 years and the initiative represented a significant step forward in the transformation of health care and clearly demonstrates the benefits to patients of that process.

- Dr Kilgallen advised members that the first training programme for Quality Improvement "Safety Quality West" had commenced with the support of the South Eastern Trust.
- Dr Kilgallen advised that work has been progressing in building on resilience planning within the Trust. She said that early focus has been on a number of issues including early in the day discharge.
- Members were advised that the uptake rate for the flu vaccination is 28.5% to date. She said that this is an increased number from last year but is short of the target of 40%.

10/18/4

APOLOGIES

Apologies were received from Mrs O'Kane, Non-Executive Director and Mrs Mitchell, Director of Finance and Contracting.

10/18/5

DECLARATION OF INTERESTS

Mrs Cummings registered a conflict in relation to the British Red Cross which is part of a paper later in the meeting.

10/18/6

MINUTES OF PREVIOUS MEETING

Dr McIlroy referred to the minutes of the previous meeting and the discussion in relation to HCAI figures.

Subject to an amendment on this the minutes having been previously distributed were approved as a true and accurate record of discussion.

10/18/7

MATTERS ARISING

There were no matters arising.

10/18/8

QUALITY AND SAFETY

The Inquiry into Hyponatraemia-related Deaths Report 2018

Mr Downey advised members that in September 2018 the DoH had requested an updated position in relation to arrangements in place to address Paediatric Clinical Recommendations 10 and 12. He said a follow up meeting with the Chair of the regional Paediatric Clinical Workstream and members of the Trust's surgical and hospital management teams to discuss the management of surgical paediatric patients has been arranged for December 2018.

Members were advised that the DoH has written to Trusts to request completion of a benchmarking assessment of its position in relation to bereavement and pathology related recommendations. Mr Downey said the Trust is currently working to complete this assessment.

Mr Downey advised members that the Nursing and Midwifery Council (NMC) has completed its inquiry in relation to nursing staff and has confirmed that no further action will be taken. However, members were advised that a family has provided new evidence which the NMC is going to consider.

Mr Downey also advised that the Trust has implemented a number of improvements in relation to serious adverse incidents. He said that new family engagement guidance has been developed and training has also been updated. It was noted that a Rapid Review Group has also been established which meets weekly and is chaired

by either the Medical Director or Director of Nursing. The purpose of this group is to review serious adverse incidents to ensure that actions are identified and implemented as soon as possible and also to ensure that learning is disseminated.

Members were advised that the Trust has made substantial progress in relation to ensuring that children up to age 16 are cared for in age appropriate setting. Mr Downey said work has now commenced to look at the management of 16-18 year olds admitted to hospital with a view to identifying designated wards for such admissions which would ensure that they are cared for by a cohort of staff with specific training in respect of children and young people.

Mr Downey concluded by referring members to an updated dashboard outline progress against the Inquiry recommendations as at 10 October 2018.

Dr O'Mullan thanked Mr Downey for the significant progress which has been made and said that this would enable her to provide feedback to her workstream.

Infection Prevention and Control Update

Dr Hughes referred members to this report since the last meeting.

He reported that since the beginning of April 2018, 6 MRSA bacteraemia cases had been reported. He said all cases had been categorised as community associated as they occurred less than 48 hours after admission to hospital.

So far this year Dr Hughes reported that 33 cases of *C. difficile* had been reported. He said 17 of the cases were classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital. However, Dr Hughes said this was not always an accurate predictor of being healthcare associated. Members noted that the remaining 16 cases were classified as community acquired as the patients presented with symptoms with a 72 hour period after admission. Dr Hughes said the Trust is off profile.

Dr Hughes said that during October there were 7 new cases of *C. difficile* with 5 classified as community acquired and 2 hospital-acquired. He said that the Trust was continuing its work with GPs and community pharmacists.

Dr Hughes referred members to a graph that illustrated the overall compliance with all of the elements of the *C. difficile* high impact intervention care bundle for Altnagelvin and SWAH.

Dr Hughes referred to attendance at infection prevention and control training. He said that 40 induction and mandatory training sessions were delivered by the IPC Team during the period April to September 2018 with an average of 1.67 sessions per week. As of end of September, members were advised that 1,453 had attended training. Dr Hughes said the attendance target for each year is 50% of the total number of staff who require training and that the Trust's actual attendance rate is 28.23% for the 12 months ending September 2018, well below the required target.

Continuing Dr Hughes referred to an increased incidence of GRE in ICU/HDU in Altnagelvin Hospital. He advised that there had been a total of 6 positive cases since the end of July 2018. Typing for 4 of the cases indicated possible transmission and this strain was the predominant strain of GRE identified in a previous outbreak during 2017. Dr Hughes advised that the Infection Prevention and Control Team has been providing support and carrying out audits in relation to IPC practice in respect of hand hygiene, isolation precautions and decontamination of patient care equipment. Members were advised that improvement plans are in place and improvements in IPC practices has been noted this week.

Discussion following Dr Hughes' report. Mrs Woods asked if online training would increase the numbers undertaking the mandatory training target. Dr Hughes confirmed that this would allow the target to be met and would also increase educational outcomes. Dr Hughes said it is important to make training more accessible to staff.

Dr McIlroy said that he was disappointed with the increase in the number of *C. difficile* cases. He stressed the importance of meeting reduction targets and said that he is very supportive of staff in meeting targets.

Discussion took place on mandatory training and Dr Hughes stressed that the best type of training is when it is provided on the ward on patients or theatres.

Infection Prevention and Control Annual Report for 2017-18

Dr Hughes referred members to the above annual report. He said the report described the activities, achievements and challenges of the Trust's Infection Prevention and Control Service during the year April 2017- March 2018.

Dr McIlroy asked for comparative information from other Trusts in respect of mandatory training. Dr Hughes said he would seek this information and share with members.

Following consider members unanimously approved the Infection Prevention and Control Annual Report for 2017/18.

Quality Improvement Monitoring – National Early Warning Scores

Dr Hughes referred members to a quarterly report in respect of the National Early Warning Scores.

Members were reminded that the NEWS systems records vital signs observations of respiratory rate, saturated oxygen levels, heart rate, blood pressure and consciousness level and were developed following review of approximately 450,000 patients charts. NEWS has been developed to help early detection of the acutely unwell patient and provide a standardized score to determine illness severity to support consistent clinical decision making and an appropriate clinical response.

Dr Hughes explained that when a patient presents to hospital and is acutely unwell, or becomes acutely unwell whilst in hospital, time is of the essence. A fast and efficient response is required to ensure that the patient is reviewed, assessed and treated by the correct person at the correct time to where possible prevent further deterioration.

Dr Hughes said appropriate and accurate use of a NEWS system requires staff to complete a range of vital signs which have a numerical score assigned with agreed escalation guidance when scores reach different thresholds. He added that the NEWS system has been implemented across all acute adult in patient wards and acute mental health wards in the Trust. In the last 3 months work has been started to test NEWS charts in use in Acute Care at Home and Rapid Response teams.

Members were advised that monitoring of compliance with NEWS is undertaken quarterly with improvement plans and associated support implemented. As we move forward an updated NEWS 2 chart has been developed by the Royal College of Physicians and the plan is to implement this across the region in 2019.

Dr Hughes referred members to statistical information in relation to wards progress to achieve 95% compliance with accurately completed NEDs charts in all adult inpatient wards across the Trust.

Discussion took place on Ward 50 Altnagelvin Hospital. Mrs McKay said that challenges were being experienced in respect of an increased ward size and assured members that urgent work in addressing these challenges was ongoing.

Mrs McKay said that 8 key actions have been put in place. She said one of the things introduced is peer review of each other's NEWS recording. She said that compliance is improving which will be evidenced in the next quarter's report.

Discussion took place on Ward 1 SWAH and Ward 20 Altnagelvin Hospital and learning.

Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the Trust's Corporate Risk Register and Board Assurance Framework. He advised that there are 23 risks on the Corporate Risk Register as approved at Trust Board on 4 October 2018. Members were advised that there were no material changes to the CRR for approval.

Dr Hughes advised members that the annual audit of Risk Management had been completed for 2017-18 and overall there was a satisfactory system of governance, risk management and control. He advised that there was one finding which related to Action plans and that to address this, an additional column has been added to the Summary Report of the CRR for CMT and Governance Committee which highlights any issues with action plan management.

Concluding Dr Hughes advised members that the Corporate Risk Register and Assurance Framework and the Risk Assurance Summary Report are tabled at every Audit & Risk Assurance Committee, beginning from 15 October 2018.

Mr Campbell confirmed for members that the Corporate Risk Register and Board Assurance Framework comes to Audit and Risk Committee so that it can look at risk from a risk assurance perspective.

10/18/9

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING 30 SEPTEMBER 2018

Mrs Bryson referred members to the report on the Trust's financial performance for the month ended 30 September 2018 contained within papers.

Mrs Bryson advised members that the Trust is continuing to report a forecast deficit of £24.4m for 2018/19. She said the Trust is in discussions with the DoH in relation to the submission of the Trust Delivery Plan and how this forecast deficit will be treated in this financial year. Members were advised that the reason for the deficit position is the under-delivery of savings targets and new emerging cost pressures.

Members were referred to table 1 which detailed the forecast deficit and table 2 which detailed the savings targets for 2018/19.

Mrs Bryson reported that the Trust has received easement funding of £6m which had reduced the Trust's savings target to £7.9m. She added that the Trust has agreed as part of the financial plan in 2018/19 that it will deliver in year savings against a target of £3.5m. There remains a gap in the development of this plan of approximately £1m that still requires a resolution in year. Mrs Bryson also stated that the Trust is forecasting savings of £678k in relation to external pharmacy savings plan and has been allocated in year easement of non-recurrent support to address the in-year and carried forward shortfall.

Mrs Bryson said that at this stage the Trust has no planned income or other solution on how to address the emerging cost pressures in year and therefore they have all been factored into the forecast deficit of £24.4m.

Mrs Bryson reported that the deficit as at 30 September 2018 is £10.8m. She said that this has been included in the external forecast deficit for 2018/19 and the Trust is not reporting any off plan position as at 30 September.

Mrs Bryson referred members to a summary of financial performance by Directorate and a table outlining agency/bank/overtime costs by Directorate. In relation to spend on agency/bank/overtime costs members were advised that this had increased by 22% compared to last year and that at end of September the Trust's expenditure on agency staff was £17.6m which included £10.1m on medical agency staff. She said that if this trend continued the Trust would be forecasting around a £20m spend on medical agency which is £3m above the prior year.

Dr O'Mullan referred to the 22% increase in expenditure in respect of agency staff and asked how the Trust would capture this expenditure against increased demand. Dr Kilgallen said that one of the tasks for management is to first build the resource, then manage resources and create efficiencies and thirdly to determine how much is driven by demand or the configuration of services. Members were reminded that the SFARA process did show evidence of increased costs.

Mr Campbell asked if it would be possible for the Trust to meet a £24.4m deficit. He said that already he could see real challenges in year - a £1m gap on the internal savings plan, a 22% increase in agency spend and if spending continues similar to last year the Trust's deficit will increase by £5m.

The Chairman asked Service Directors what measures they were putting in place to ensure the Trust does not go beyond £24.4m and what are the current challenges they are facing.

Dr Brown advised that he had his Directorate's financial performance accountability meeting the previous week. He said that domiciliary care has exceeded anticipated expenditure by £600k. Dr Brown said that he was not anticipating any further resilience funding however a case has been made. Dr Brown assured members that he was looking at measures to offset the domiciliary care expenditure.

Dr Brown said that he could not give members a full assurance that expenditure would not exceed but he said he fully intended not to exceed his Directorate's approved deficit limit.

Mr Downey referred to his Directorate's financial accountability meeting. He said in addition he has weekly Directorate meetings since the Trust moved into contingency. Mr Downey said that a real challenge for his Directorate is that where there is a safety concern in relation to a child the Trust must provide the service. He referred to the audit of the last 25 Looked After Children cases and said that 20 had been completed to date. He said early indications have evidenced that the threshold was correct.

Mr Downey assured members that he was working diligently with his staff to ensure all that can be done is being done.

Mr Downey advised that under transformation his Directorate had received funding for Signs of Safety and that this model would seek to keep families together and therefore not bring children into the care system.

Mrs McKay advised members that her Acute Services plan was off plan by £183k. She said that the reasons for this were medical cost pressures which resulted in using locum staff and bank nursing staff. She added that she had not had her financial accountability meeting yet.

Mrs McKay outlined measures taken to address the overspend position. She said that 3 high cost locums had been replaced by permanent staff. She also added that

a review of non-pay laboratory consumables had commenced and the Hospital Management Teams on both sites were developing contingency measures in respect of a reduction in travel and vacancy control.

Ms O'Brien referred to the under investment within Learning Disability Services. She said that because of this position the programme would not be required to make any savings. She also advised that the Mental Health sub-directorate is underspent.

However, Ms O'Brien said there was a high level of absence leave across her Directorate which was being managed and that work was being done to examine waiting lists and develop plans to reduce them.

Mrs Cummings referred to recent briefing at the Finance and Performance Committee and said there is no doubt that Directors were committed to the Trust's backstop position. She remarked that the Trust awaited a response to its letter of 10 October however she was advised that a response should be provided for the December Board meeting.

Mrs Cummings raised concern with regard to high impact savings proposals and if required the Trust would have 5/6 months to deliver these.

Dr Kilgallen assured members that low impact savings proposals were being implemented and said that high impact savings proposals were unlikely. Mrs Cummings said that when the performance presentation is made members would see the increase in demand in services and she added that to meet this demand incurs a cost.

Dr McIlroy referred to the increase in agency spend and asked for a breakdown on this. He said that it is important to see if the increase relates to an increase in pay because of a lack of a regional locum pay cap.

Mr Campbell referred to the cost of agency staff and that £10m related to spend within Acute Services. He noted that this was an increase of £4.7m from September 2017.

Dr Kilgallen assured members that there is a programme of work to be done. She said the CMT is developing a stabilisation and recovery plan and the detail of this work will be shared with members in December.

Non-Executive Directors thanked members for the full briefing and said they felt assured that action was being taken. They said it was important that there are no surprises for the Board.

10/18/10

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the month ending September 2018 for information.

She said her presentation today would focus on month 6 performance, relevant improvement trajectories and additional waiting list initiative measures. Mrs Molloy said the Trust has started to move into the implementation the Transformation programme.

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 – September 2018 had been 77% on average. Performance was 74% in Altnagelvin Hospital and 70% in the South West Acute Hospital over that period. She said this was well below the predicted performance of 80%. She advised that SWAH was significantly below the predicted level and that this was the primary reason the Trust was off plan against this trajectory.

Looking at the regional ED position Mrs Molloy advised that all Northern Ireland Trusts had difficulty in meeting their predicted performance levels so far this year and average performance for the region against the 4 hour standard during September 2018 had been 71% - the Western Trust was the highest performing Trust at 74%. Performance against the 12 hour standard regionally had been 1,715 breaches and again the Western Trust had the fewest number of breaches at 185. Mrs Molloy advised members that the Trust was nevertheless disappointed that it had deteriorated since last year, and the Trust was in discussion with HSCB about the increased attendances at both of the Trust's Emergency Departments, and the impact that may have had on the Trust's 4 and 12 hour performance..

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 79% against a predicted performance of 88%, 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 and Service directors are working to progress plans for step down beds and in-reach from community services..

Moving to performance within cancer services, Mrs Molloy said that in relation to the 14 day and 31 day standards, the Trust's performance for the period April – September had been excellent, and in line with the agreed trajectory.

Against the 62 day standard the Trust's performance for the period April – September had been 85%. 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 inpatients/day case. She said that against the IPDC core elective the Trust's performance had been -10%, which is marginally better than trajectory. Mrs Molloy outline the specialities that did not meet

their predicted performance for April – September which included ENT, gynaecology, urology and general surgery.

Referring to new outpatients Mrs Molloy reported that for the period April – September 2018 the Trust's performance had been -12%, which again was marginally better than the trajectory submitted to HSCB. Mrs Molloy said that Ophthalmology was the primary specialty which is well below its predicted performance.

Mrs Molloy continued to provide members with an update on waiting list initiative work. She said that in respect of in-house a full plan had been developed and agreed with the Health and Social Care Board, which is an additional investment of £2.9m. The Trust has also developed a plan for the Independent Sector for General Surgery and Trauma and Orthopaedic and work is underway to complete transfer of patients. Mrs Molloy added that the potential to use the IS for other specialities is being explored. Referring to AHP performance members were advised that performance against the more than 13 week target is progressing well. A bid has been approved in respect of psychological therapies and diagnostics (echos).

Moving to elective access Mrs Molloy advised that the Trust's performance against the 9 week standard for Outpatient assessment was 27%. It was noted that there are 27,769 patients waiting longer than 9 weeks and 12,625 patients waiting longer than 52 weeks. In relation to the 13 week standard for IP/DC treatment, the Trust's performance is 32% with 11,784 patients waiting more than 13 weeks and 4,941 patients waiting longer than 52 weeks.

Mrs Molloy referred to the position for diagnostic tests the Trust's performance against the 9 week standard was 78% with 1,870 patients waiting longer than 9 weeks and 471 patients waiting longer than 26 weeks. Against the standard that all urgent diagnostic tests are report on with 2 days of the test being undertaken the Trust's performance had been 91%.

Referring to performance against endoscopy, it was noted that there are 789 patients waiting this diagnostic test, and that this position will improve over the coming months as the Trust's improvement plan gains traction.

Mrs Molloy referred to the performance improvement trajectory in relation to CAMHS. She advised at the end of September there were 62 patients waiting against a predicted position of 0. Members noted that the position had continued to improve. Mrs Molloy advised that the HSCB has acknowledged the increase in demand from April 2018 to September 2018 an increase of 33% in comparison with the same period last year, and that HSCB had agreed to lead on regional work on this matter.

In respect of the 9 week access target in relation to mental health services, members were advised that there were 573 patients breaching this target. It was noted that the predicted position was 542. 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 September there were 41 patients breaching the 9 week access standard. It was noted that the predicted position was 183 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 September there were 640 patients breaching the 9 week access standard. It was noted that the predicted position was 618, 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.

Concluding her presentation Mrs Molloy provided members with a summary of the key issue from today's presentation – elective continuing to meet trajectories; good progress on waiting list initiative plans in scheduled care, AHP and mental health and the position on delayed discharges and unscheduled care remains largely unchanged.

Members were invited to make comment on Mrs Molloy's presentation.

Dr McIlroy said there are inefficiencies and one is the delays relating to non-complex discharge. He said that this issue is within the control of the Trust and should be improved. Dr McIlroy said that 65% of non-complex discharges still take between 5 and 9 hours and encouraged the CMT to improve this.

Dr McIlroy referred to increased attendances in ED in SWAH of 11% and an increase in category 3 and 4 patients. He said that there is a requirement for more focussed work in SWAH which should include the introduction of an ambulatory care model.

Mrs McKay referred to non-complex discharges and said that quite often the difficulty is around families collecting their relatives/friends from hospital. She said that the data available showed that some patients are ready to be discharged, but are waiting to be collected. It was also noted that when the Hospital Ambulance Liaison Officer is present within ED this adds to the efficiency of flow within the ED. Dr McIlroy said the data in relation to these issues would be coming to the next meeting of the F&P Committee.

Discussion continued on the collection of patients from hospital and it was agreed that the Trust needs to identify other measures to move patients from the ward. The introduction of discharge lounges was discussed. It was noted that an expected date

of discharge should be agreed early with patients so that families can be prepared for early in the day discharge.

The Chairman thanked Mrs Molloy for her very comprehensive presentation.

10/18/11

FINANCE & PERFORMANCE NOTES - 2 OCTOBER 2018

Mrs Cummings referred to the notes of a Finance and Performance Committee meeting held on 2 October. She said that she would circulate to members a report of confidential business discussed at the meeting for information.

10/18/12

POLICIES

- Antimicrobial Stewardship policy
- Procedural Sedation : Children and Young People
- Records Management
- Data Protection and Confidentiality Policy
- Discharge from Adult Critical Care Services
- Lithium
- Generic Prescribing
- Methotrexate
- Thomboprophylaxis

Following consideration members unanimously approved these policies.

Mr Campbell referred to the records Management policy and said that a finding of an internal audit assignment was that notes were being held in corridors. Mrs Molloy confirmed that an action plan has been developed to manage this practice and that the action plan is in the process of being fully implemented.

The Chairman referred to the implementation of Encompass. Members were advised that a tendering process has commenced however it is likely to be 3 years before the computerised system is in place.

10/18/13

MINUTES OF MEETING OF AUDIT AND RISK ASSURANCE COMMITTEE HELD ON 15 OCTOBER 2018

Mr Campbell referred members to the minutes of a meeting of the Audit and Risk Assurance Committee held on 15 October for information.

He advised that the Head of Clinical Quality and Safety and the Head of Risk Management attended the meeting to discuss the Trust's Corporate Risk Register and the importance of the datix system.

Mr Campbell advised that in respect of Internal Audit progress members received a report on 8 assignments. He said that 6 audits had received a satisfactory outcome and 2 had received limited assurance outcomes. It was noted that one of the limited assurance audits related to overseas travel and Dr Kilgallen assured members that controls were being put in place.

Mr Campbell referred to a review of audit recommendations and said that 72% of recommendations had been implemented. It was noted 7 had not been implemented and it was agreed that the Finance Director would write to the Director responsible. Mr Campbell said that 3 of the outstanding recommendations were priority 1 and said he was particularly keen to see these implemented. It was noted that managers would be asked to provide evidence of when recommendations have been partially implemented and that Audit would re-examine this next year.

Mr Campbell said the Committee received 3 presentations – management use of agency and locum staff; kinship placements and domiciliary care. He added that the Counter Fraud and Probity Service also attended and gave an outline of their work.

10/18/14

REVISED WHSCT EQUALITY SCHEME

Mrs Molloy presented to members the Trust's Equality Scheme for approval. She said the Scheme highlighted roles and responsibilities and detailed how the Trust will evaluate the effectiveness of the Scheme.

Following consideration members unanimously approved the draft Equality Scheme.

10/18/15

TENDER AWARDS

There were no tender awards for consideration.

10/18/16

TRUST FUNDS

There were no Trust funds for consideration.

10/18/17

ANY OTHER BUSINESS

There were no further items of business.

10/18/18

DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 6 December 2018 at 10.30 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

**Mr N Birthistle
Acting Chairman
6 December 2018**