Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 6 April 2017, at 10.00 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry

PRESENT
Mr N Birthistle, Chairman
Mrs E Way, Chief Executive
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
Mrs M Woods, Non-Executive Director
Dr C O’Mullan, Non-Executive Director

Mr K Downey, Executive Director of Social Work/Director of Women and Children’s Services
Mrs G McKay, Director of Acute Services
Mr A Corry Finn, Executive Director of Nursing/Director of Primary Care and Older People
Mr T Millar, Director of Adult Mental Health and Disability 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

IN ATTENDANCE
Mrs M McGinley, Executive Assistant to Chief Executive
Mr O Kelly, Head of Communications
Mr B Magee, Ms M McCloskey, Self-Directed Support Implementation Officer and Shannon, Support Worker (agenda item 4/17/7 - Patient's Story)
Dr D Grace, Clinical Lead for Organ Donation (agenda item 4/17/13)
Dr McNeill, Sub Dean for Undergraduate Medical and Dental Education and Training and Dr Corrigan, Director of Post Graduate Medical and Dental Education and Training (agenda item 4/17/18)

4/17/1

CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the April Trust Board meeting in Londonderry.
He referred to a report of his business.

- It was with regret that the Chairman referred to Mr Corry Finn’s last Trust Board meeting as Mr Corry Finn would officially retire on Friday, 7 April 2017.

The Chairman remarked that Mr Corry Finn had had a long and distinguished career starting his nurse training in 1975. Having worked in the greater Belfast area, progressing through the ranks to Director level, he joined the Western Trust in 2007 as the Trust’s first and only Director of Primary Care and Older People’s Services/ Executive Director of Nursing.

As Director the Chairman commented that Mr Corry Finn had led from the front and the agendas and challenges he had faced over the years were unprecedented. He said Mr Corry Finn left a rich legacy of inspired nurses and midwives working together to meet the needs of people in the West. The Chairman added that Mr Corry Finn had always displayed impeccable judgement and professionalism which demonstrated his passion and commitment to healthcare.

On behalf of Trust Board the Chairman wished Mr Corry Finn a long and healthy retirement and best wishes for the future.

The Chairman described the interim management arrangements that would be put in place until the Director’s post could be filled permanently.

- The Chairman advised members that this week the Trust celebrated its 10th anniversary of providing health and social care services to the population of the West.

As the Trust commenced its 11th year of service, the Chairman thanked every member of staff, past and present, for their contribution to the Trust. He said staff’s passion and continued dedication and commitment in a challenging and changing environment were evident every day and without that the Western Trust would not be what it was today.

- The Trust was delighted to be able to celebrate the contribution and achievements of all its Allied Health Professionals at the inaugural Allied Health Professionals’ Awards on 23 March 2017.

Members were advised that the purpose of the awards ceremony was to recognise and reward those AHPs who were nominated for their exceptional service across the Western Trust area. A total of 69 nominations were submitted against 9 award categories. The Chairman said he would share a list of winners with members.

- On 28 March, the Chairman and Dr Dermot Hughes attended an event organised by NICON with the GMC.
The purpose of the event was to provide an opportunity to discuss some key issues on how the work of the GMC as the medical regulator is considered at Trust Board level.

- Members were advised that the Chief Executive post had been advertised with a closing date of Friday, 7 April. Shortlisting for the post will take place the following week, followed by an assessment centre process for shortlisted applicants with interviews being held on Friday, 5 May.

4/17/2

CHIEF EXECUTIVE’S REPORT

- Mrs Way commenced her report by referring to Mr Corry Finn’s pending retirement. She expressed her profound thanks to Mr Corry Finn for his professionalism and personal support and friendship during his time in the Trust.

Mr Corry Finn thanked members for their kind words and thanked Trust Board members, both past and present, for their support during his time with the Trust. He said of his 42 years’ service, he had enjoyed the last 10 in the Western Trust immensely and said that he was and continued to be humbled by the Trust’s staff who work tirelessly on behalf of their patients and clients.

- Mrs Way referred to the venue of the June Trust Board meeting on 8 June 2017. She said on this date the Omagh Hospital and Primary Care Complex would be available for the Trust Board meeting and she proposed to members a change of venue for the meeting to the new hospital. Members supported this proposal.

- Mrs Way advised members that she and Directors continued to be involved in the transformation work outlined in the Bengoa report and the former Minister’s Delivering Together strategy. She said a recent meeting of the Transformation Implementation Group had been held at Trust Headquarters on 22 March where a number of senior clinician leaders presented the community respiratory model as a model of best practice. Mrs Way said the model would also be presented at the forthcoming NICON conference.

Mrs Way said that some aspects of TIG’s work, which will be subject to consultation, could not be progressed until a Health Minister is appointed. In addition Mrs Way advised that Chief Executives were working with the Permanent Secretary with regard to a budgetary position for 2017/18.

Mrs Way also updated members about the Trust’s work with the Western Local Commissioning Group in relation to the transformation agenda and also in relation to unscheduled care.

- Mrs Way advised members that the Trust is planning to have an event supported by Mr McGirr, Greater Manchester Commissioning Support Unit, in May with
regard to unscheduled care. Members will be provided with a feedback of the learning from the event.

- Concluding her report Mrs Way advised that during the month the Chairman and she signed the deed of settlement and variance in relation to the project agreement between the Trust and NIHG South West Health Partnership Ltd.

4/17/3

APOLOGIES

Apologies were received from Mrs J Doherty, Non-Executive Director and Mr A Moore, Strategic Capital Development.

Mr Dixon, Patient and Client Council, was also unable to attend the meeting.

4/17/4

DECLARATION OF INTERESTS

There were no declarations of interest expressed.

4/17/5

MINUTES OF PREVIOUS MEETING

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

4/17/6

MATTERS ARISING

There were no matters arising.

4/17/7

QUALITY AND SAFETY

Patient Story – Adult Mental Health and Disability Services

The Chairman welcomed Mr Magee to the meeting as this month's patient story.

Mr Millar also welcomed Ms Maureen McCloskey, Self-Directed Support Implementation Officer and Shannon, Support Worker to the meeting.

Mr Millar advised that Mr Magee is known to the Limavady Learning Disability Team and the Trust provides support to Mr Magee so that he can live as independently as possible. Mr Magee is keen to participate in mainstream activities and to live a
socially inclusive, independent life and to support this Mr Magee is in receipt of a self-directed support (SDS) package.

Mr Millar invited members to watch a short YouTube clip of Mr Magee outlining the benefits of SDS and what it has meant for his independence.

Mrs McCloskey commended Mr Magee for making the video and said that she proposed to make more clips of other recipients to promote SDS.

Mr Magee said that SDS gave him more control over his care. He said it allowed to arrange his care so that he could meet his friends at the weekend and allowed him to attend activities that he felt were more enjoyable and beneficial to him. Mr Magee said before SDS he hated getting out of bed in the morning because he felt there was nothing for him to do. He said now through going to Artspace, funded through his SDS package, he had a new purpose and said the he was involved in different activities that he found stimulating and interesting. He said that things had improved dramatically for the better for him.

Mr Downey advised members that he had met with Mr Magee in March when the Trust had been asked to present regionally on an example where SDS was being implemented. He said Mr Magee and Ms McCloskey had presented on the day and made a very powerful presentation which had made huge impact. Mr Downey said he felt SDS had changed so many lives like Mr Magee’s that were enjoying the flexibility of this type of support. He said Mr Magee was helping the Trust tell the story of why SDS is so positive.

Non-Executive Directors expressed their appreciation of Mr Magee telling his story.

Ms McCloskey stressed that SDS was not about the client receiving more funding but it is about using funding differently and more flexibly.

The Chairman thanked Mr Magee for attending today’s meeting and sharing his story with members.

*Infection Prevention and Control Update*

Dr Hughes referred members to the infection prevention and control update for members’ information.

He reminded members that the Trust’s reduction target for *Clostridium difficile* associated disease in 2016/17 was 48; a reduction of 16 cases or 25% compared to last year. He said this target had not been achieved as to date 57 cases had been reported. It was noted that 33 of the cases were classified as healthcare-acquired or associated as they occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency (PHA)) with the remainder being classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.
Continuing he advised that the MRSA bacteraemia target for 2016/17 is 7 a reduction of 2 cases or 22.22% on the previous year’s performance. Dr Hughes advised that there had been 5 cases reported so far this year, all of which had been categorised as community-associated. As such, the Trust is currently on track to achieve the target, with a decrease of 44.44% compared to last year.

Members were advised that as of 29 March 2017 the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

- Altnagelvin Hospital – 574 days
- South West Acute Hospital (SWAH) – 410 days
- Tyrone County Hospital (TCH) – 804 days

Dr Hughes referred members to the critical care device-associated infection surveillance which commenced in June 2011. He advised that one new ventilator associated pneumonia case was diagnosed in ICU, South West Acute Hospital in September 2016 and this was the first device related infection to have occurred in the Trust since April 2014.

Dr Hughes concluded by referring members to the quality improvement action plan and advised members that the action plan is discussed at the Augmented Care IPC Forum and Chief Executive HCAI Accountability Forum.

**Environmental Cleanliness Update**

Mr Corry Finn referred members to the audit report for February 2017 and said that it continued to show steady progress. He commended the collaborative work of cleaning, estates and nursing staff for the good outturn.

Referring to bi-monthly reports Mr Corry Finn advised that overall compliance was 92% with 8% not carrying out the audit as per the standard of 2 audits per month. He said that discussions were being held with the Directors for those areas that had not met the standard.

In relation to quarterly audits members were advised that compliance for the second month of the quarter had increased to 58% with 42% of audits still to be completed during the quarter.

In respect of the 6 monthly audits compliance, for the fifth month of the 6 month compliance, audit outturn had increased to 70% for the period. In respect of managerial audits members were advised that compliance as of February had been 80%. Members were assured that managerial audits were well on target for completion.

The Chairman commended staff on this performance and said that the figures demonstrated that this work was now embedded into the culture of the organisation.
Corporate Risk Register and Board Assurance Framework

Dr Hughes referred members to the corporate risk register and board assurance framework. He said there were currently 26 corporate risks as agreed by Trust Board in February 2017.

Dr Hughes advised members there were no new risks for consideration and no risks had been proposed for deletion or de-escalation.

4/17/8
FINANCIAL PERFORMANCE REPORT FOR THE MONTH ENDED 28 FEBRUARY 2017

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 28 February 2017 contained in the papers.

Mrs Mitchell advised that the Trust had projected a year end deficit of £11.168m throughout the year and that there had been ongoing discussions with the DoH on the reasons for the deficit. Mrs Mitchell advised that the DoH had accepted the exceptional costs being faced by the Trust and had allocated £11.2m to allow the Trust to breakeven. The Permanent Secretary had asked for assurance that the deficit would not rise beyond the amount allocated and that a business case documenting the reasons would be submitted to the DoH. Mrs Mitchell advised that these two aspects had been completed. On this basis the Trust was now projecting a year end breakeven position.

Mrs Mitchell reported that the Trust was reporting a small surplus of £98,000 as at 28 February 2017.

In relation to 2017/18 Mrs Mitchell stated that the Trust had been advised by the DoH to assume a flat cash allocation. She said that this approach was highlighting a forecast pressure for 2017/18 and that discussions continued with the HSCB and DoH on the matter.

Returning to the February 2017 financial position, Mrs Mitchell referred members to Table 2 and advised that the Acute and Primary Care and Older People’s Directorates had increased their overspends from the previous month. She further reported that the Women and Children’s Directorate had reduced its overspend from the previous month with Adult Mental Health and Disability Directorate remaining in a breakeven position. Mrs Mitchell also highlighted the last line of the table where she had factored in the DoH allocation.

Mrs Mitchell highlighted the continuing increasing spend on medical locums and specifically the graph on page 8.

Mrs Mitchell referred to Table 5 on Elective Care.

Mrs Mitchell directed members to Section 6 on Financial Targets Monitoring.
Mrs Mitchell referred to Table 6 documenting capital expenditure planned for 2016/17.

The Chair stated that it had been a difficult year and Mrs Mitchell responded by advising that she was confident that the Trust would end the year in a breakeven position which should be confirmed by the Month 12 financial performance report and ultimately the annual accounts.

Mrs Cummings said the Trust had reported a consistent position throughout the year against the background of ensuring that safe services were being delivered.

Mrs Way stated that local politicians were aware of the financial position as a result of the regular briefings they received. She also stated that she wanted to highlight to the Board the support of the Permanent Secretary who had met regularly with Trust officials to understand the financial position.

Mr Campbell emphasised that all Directorates had to work hard during the year to contain expenditure and stated that he was concerned about the assumption of flat cash for 2017/18.

Mrs Way said that there were ongoing meetings with the DoH on the financial position for 2017/18 and that CMT had recently reviewed proposals for savings although a number would require political support.

Dr McIlroy referred to the financial performance of the Acute Directorate and noted that it was remarkable given the safety challenges within this Directorate. He also mentioned that the challenge remained the cost of medical locums and that the Trust had exhausted local initiatives to contain costs and that it was time for a regional approach. Mrs Way advised that there was regional work being taken forward in relation to medical locum rates. She referred to the implications of HRMC IR35 and emphasised that all Trusts were working together on this issue.

Dr Hughes stated that there was a co-ordinated approach across the region however there was a national deficit of doctors and this would take some time to address.

Mrs Woods enquired as to whether it was anticipated that medical locum expenditure would continue to increase. Dr Hughes said that there was a need for a medical locum cap and a long term solution to increasing the number of doctors. Mrs Way said the implementation of the Bengoa report should change the delivery of acute services across Northern Ireland and thereby assist with a better supply of medical staff to acute sites.

Dr O’Mullan queried the use of agency in other areas such as admin and support services. Mrs McConnell said that the bulk of the costs related to domestic staff and the need for a flexible workforce in this area.

Dr O’Mullan further queried the underspend in the HR Directorate. Mrs Way said that all the support directorates reported an underspend and this was a valuable aspect to delivering a breakeven position. Mrs Way further stated that there were
considerable pressures on the HR function which had meant that the HR Directorate would be starting to spend their underspend into 2017/18.

4/17/9

PERFORMANCE MANAGEMENT INFORMATION

Mrs Molloy referred members to the performance management report for the period ending February 2017.

Mrs Molloy commenced with the Trust’s performance on cancer services, where performance against the 14 day standard had been 99.6% with 1 breach during February. Mrs Molloy explained that this had been an administrative error with the patient breaching by 1 day. In relation to the 31 day standard the Trust’s performance continued to be 100%.

In respect of performance against the 62 day access standard the Trust had achieved 91% in February, and it was noted that the regional average of performance across all Trusts has fallen to 66%. Members were advised that there had been 6 breaches and that the Finance and Performance Committee had been provided with the detail of these as normal.

Members were advised that during February the Trust’s performance against the Ministerial standard that 95% of hip fracture patients should receive inpatient fracture treatment within 48 hours was 89% with 3 breaches. In relation to the standard that 95% of patients, where clinically appropriate, wait no longer than 7 days for inpatient fracture treatment, Mrs Molloy advised that the Trust’s performance for February had been 100%. Mrs Molloy remarked on the continued high performance in this area, with only a small number of breaches each month, consistently due to clinical prioritisation of patients for available theatre sessions.

In moving to unscheduled care, Mrs Molloy advised members that against the 4 hour standard, the Trust’s performance had improved to 75%, and the number of breaches of the 12 hour standard had fallen considerably to 17 breaches across both hospitals, a significant improvement on previous months. In relation to the third target that by March 2017 at least 80% of patients to have commenced treatment following triage within 2 hours the Trust’s performance had been 88%.

Moving to the detail of the unscheduled care performance, Mrs Molloy advised that in February 2017 against the 4 hour performance, Altnagelvin Hospital’s performance had been 66% while South West Acute Hospital saw performance as 79%. In respect of performance against the 12 hour standard, for February Altnagelvin Hospital had 13 breaches while the South West Acute Hospital had 4. Mrs Molloy noted this significant improvement in performance against for the South West Acute Hospital, and that this has contributed most to overall improved position. She briefed members on the plan to hold a Service Improvement event in May 17 at Altnagelvin hospital, which was aimed at improving patient flow within the main hospital wards and through discharge, as opposed to concentrating on ED.
Lengthy discussion took place regarding the improvement event.

Mrs Molloy shared performance in relation to both the 4 hour standard and 12 hour standard in all Trusts and said in respect of the 4 hour standard the Trust’s performance had been 74.9% against the regional performance of 75.1%. In respect of 12 hour standard the Trust’s performance was the best in Northern Ireland with 17 breaches compared to the regional total of breaches being 715.

Mrs Molloy continued on the elective access. She said the Trust was finalising the outturn of the Trust’s waiting list initiative plan for quarters 3 and 4 with some areas of under-delivery due to the tight deadlines involved. Mrs Molloy added that she was delighted the Health and Social Care Board had released £375k of continuing funds for quarter 1 waiting list initiative work and this was being used to develop inhouse plans. In respect of core performance members were advised that recovery plans had been put in place and these were being monitored by the Health and Social Care Board on some specialities. Mrs Molloy said these were broadly on track and a full brief would be given to the Finance and Performance Committee in due course. Again, at the Finance and Performance Committee, Committee members were given information on longest waits and Mrs Molloy said this information would continue to be shared with the Committee into 2017/18, with a particular focus on a specialty each month.

Moving to elective access outpatients Mrs Molloy advised against the standard that at least 50% of patients wait no longer than 9 weeks for their first outpatient appointment and no patient waiting longer than 52 weeks. It was noted that the Trust’s performance against this standard had been 34%. Mrs Molloy said the GP validation of outpatient waiting lists for patients waiting over 52 weeks was now complete and the validation of outpatient waiting lists for those waiting more than 30 weeks had commenced in some targeted specialities.

Members were advised that at end of February 2017 there were 19,753 people waiting more than 9 weeks for their first outpatient appointment with 6,139 people waiting more than 52 weeks. Regionally members noted that at end of January 2017 there were 179,087 waiting more than 9 weeks and 49,283 people waiting more than 52 weeks, and that The Western Trust was the best performing of the 5 HSC Trusts.

In respect of the Elective Access Inpatient/Day Case target, members were advised that against the standard that 55% of inpatients and day cases were treated within 3 weeks and no patient wait longer than 52 weeks for treatment, the Trust’s position at end of February was 38% with 9,580 patients waiting longer than 13 weeks and 3,014 patients waiting longer than 52 weeks. Mrs Molloy said this position was in part due to the decisions made during the winter period on cancellation and non-booking of routine elective patients due to bed pressures in Altnagelvin Hospital. Regionally at end of January 2017 there were 40,486 people waiting more than 13 weeks and 9,307 people waiting more than 52 weeks.

Mrs Molloy referred to acute core performance against the Service and Budget Agreement with HSCB, and said that the Trust’s position for the period April 2016 - February 2017 was -9.2% in respect of elective inpatient/day cases; -11.4% in...
respect of new outpatients; and -1.8% in respect of review outpatients. Mrd Molloy said that the position on Inpatient/Daycase was of growing concern and would require focussed work with the Acute Directorate moving into the new year.

Mrs Molloy advised that the Trust continued to meet the ministerial standard on diagnostics access at 75% of patients seen within 9 weeks, and members noted that against the standard that all urgent diagnostic tests are reported on within 2 days of the test being taken, the Trust performance at end of February was 92%. Mrs Molloy advised that targeted work with the IS on Echos had not delivered as expected and the position would therefore not improve as expected by year end. In respect of Endoscopy Mrs Molloy advised that 223 patients were waiting longer than the standard that no patient should wait longer than 9 weeks for an endoscopy, a continuing excellent performance which had been supported by additional funding from HSCB this year.

Mrs Molloy referred to Children’s Services. She said there was now an improved position in respect of CAMHS, with 4 children waiting longer than the standard at end February however this breach position would be addressed by year end. Mrs Molloy said that a new ADHD pathway had been developed and this would address the current 84 breaches in the coming months. The position on access to community paediatrics had not improved however due to the continuing workforce gaps.

In relation to Primary Care and Older People Mrs Molloy advised members that there were 46 patients waiting longer than 9 weeks to access dementia services. Members were advised that this was due to workforce difficulties.

Referring to performance across Allied Health Professionals Mrs Molloy advised that performance had once again deteriorated in February, due to a mixture of sickness and maternity leave, and further work on an improvement plan would be required.

Mrs Molloy referred to services within the Mental Health and Disability Directorate and said that in relation to adult mental health services, there were 84 breaches of the 9 week access standard and 306 breaches in psychological therapies in respect of the 13 weeks access standard. Mrs Molloy said that in relation to psychological therapies the Trust had been unable to secure the contracts in the IS to bring this target to a zero position within year end, but that there was expected to be a significant improvement in the position on access to adult mental health services by year end, due to WLI.

Mrs Molloy concluded by referring to delayed discharges in respect of hospital discharges. The position on complex discharges was largely unchanged. She said that there were no learning disability or mental health discharge breaches in February 2017 and advised that a report on non-complex delays had been provided to the Finance and Performance Committee. Mrs Molloy said information would come back to Committee on the improvement work being taken forward in respect of non-complex discharges.
FINANCE AND PERFORMANCE NOTES FROM 28 FEBRUARY 2017

Mrs Cummings referred members to the notes of a Finance and Performance Committee meeting on 28 February for information.

She advised members that at the meeting on 4 April the Committee received an update on the reform and QICR programmes. She advised of future presentations to the Committee which include an update on Self-Directed Support, Learning/Physical Disability, Looked After Children and Elective Care.

DECLARATION AND REGISTER OF INTERESTS – OUTSIDE INTERESTS

Members are asked to note that Declaration and Register of Interests for the Trust for 2016/17 had been updated and the updated file was available for viewing in the Chief Executive’s Office.

LEARNING DISABILITY UPDATE

Mr Millar provided members with an update in respect of learning disability funding. He referred to the Health Minister’s request for 2 strands of work to be carried out – first a facilitation process to rebuild relationships between the Trust and representative groups; and secondly, an investigation into why the situation occurred.

In respect of the facilitation process members were advised that a number of “speak easy” sessions with the public were organised across the Trust’s geography during March to discuss how the future of learning disability services should be shaped. Mr Millar advised that attendance at these events was better in some areas than in others, and that feedback was very positive. Mr Millar said there had been open and honest discussion with some discussion taking place regarding the funding history of learning disability services in the West. Mr Millar said however that members of the public were advised that the funding issue would be taken forward under the Minister’s second strand.

Mr Millar advised members that the Health Minister appointed Mrs Anne McMurray, an independent consultant, to undertake the facilitation process. He said that she had commenced with a needs assessment which she would build into a PPI process. Mrs McMurray is due to report to the Department of Health by late summer.

Mrs Cummings referred to a “speak easy” which she attended in Omagh and commended Mr Millar and his team for the very informative presentation he made to the public. Mrs Cummings also commended the input from Mrs McMurray.
Mr Downey added that it was important for the Trust to secure the comments of those who did not attend the “speak easys”. He said open forums did not suit everyone and suggested thought should be given as to how the Trust would engage with other families.

4/17/13

ORGAN DONATION ANNUAL REPORT

Mrs Molloy welcomed Dr Declan Grace, Clinical Lead for Organ Donation to the meeting to present the Annual Organ Donation Report for 2015/16. Mrs Molloy stated that during this period Mr Lusby had been chair of the Trust’s Organ Donation Committee and she acknowledged the efforts of Mr Lusby as Chair of the Committee for the past 6 years.

Mrs Molloy advised members that it would not be possible to have achieved the progress made in 2015/16 without the dedication and commitment of Dr Grace and the Specialist Nurses Conlon and Coyle. She said they had worked tirelessly in supporting families, staff and the Organ Donation Committee in a range of invaluable activities.

Dr Grace provided members with an overview of the work of the Committee during 2015/16. He said the Committee continued to be very active in promoting organ donation to the wide community through the media and the Specialist nurses continued to be very active in raising awareness of organ donation and promoting organ donation registration at schools, sporting clubs and businesses.

Dr Grace referred to the Trust’s Bereavement Booklet which incorporates useful information pertaining to organ and tissue donation. He also referred to artwork commemorating donors and celebrating donation which had been commissioned and installed at strategic locations in the atria of both the South West Acute Hospital and Altnagelvin Hospital.

Dr Grace referred to donation rates for the period in respect of donation after brain death and donation after circulatory death. He said that in 2015-16 there were fewer potential donors in the Trust’s Critical Care Units relative to the preceding year. He said however the actual donation and number of organs retrieved per donation within the Trust remained consistent with national figures.

Dr Grace outlined the future work of the Committee. He said despite best efforts of the Organ Donation Committee, the Trust remained unable to provide ocular tissue retrieval but he hoped that with the expansion in the number of trainee ophthalmologists and the establishment of a stand-alone on-call ophthalmology trainee rota in the coming years would allow the Trust to establish ocular retrieval on the Altnagelvin Hospital site. Dr Grace also advised that the Trust continued to strive to raise awareness of the importance of organ donation to the population of the Western Trust, and would continue to strive to find imaginative and innovative ways to do so.
The Chairman thanked Dr Grace for his presentation and asked if there was a higher demand in respect of retrieval could the Trust meet the demand to retrieve the organs/tissue. Dr Grace advised that the Trust could meet an increased demand for retrieval and explained that the Trust is paired with Freeman Hospital in Newcastle, England who are the Team who fly in to retrieve organs. He explained that if this team is not available a team from another hospital will attend. Dr Grace said the challenge for staff is that they are providing care for the dying patient along with promoting donation which must be handled sensitively.

The Chairman asked if the Board could do more to support donation. Dr Grace advised that media had supported the Trust in the past with coverage of live donors and recipients. Mrs Way encouraged the media present to cover the Annual Report and to promote organ donation as a positive story.

4/17/14
GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 14 DECEMBER 2016

Following distribution members approved the minutes of the Governance Committee meeting held on 14 December 2016 as a true and accurate record of discussion.

4/17/15
SCHEME OF DELEGATION AND SCHEDULE OF DELEGATED AUTHORITY 2017/18

Mrs Mitchell reminded members that at the beginning of every year the Trust is requested to review and approve the Trust’s proposed Scheme of Delegation and Schedule of Delegated Authority for that year.

Mrs Mitchell advised that the Scheme of Delegation sets out the limits for those areas where authority to commit expenditure has been delegated to the Department of Health and to the Trust. She advised that circular HSS(F)52-2016 was issued during 2016/17 and this set out revised delegated limits for HSC bodies. She added that the proposed Trust 2017/18 Scheme of Delegation document reflected the revised limits and she referred members to key changes to the Trust limits contained in the revised guidance in respect of clinical negligence cases, capital expenditure, financial remedy payments and gits.

Moving to the Schedule of Delegated Authority, Mrs Mitchell advised that the document set out the extent of delegation from the Trust Chief Executive to other Trust managers and staff. She said there were separate documents for public funds expenditure and for Endowment and Gift Funds expenditure.

Mrs Mitchell advised that as part of the Trust’s internal review process the proposed Schedule of Delegated Authority for 2017/18 had been shared with the Trust’s Directors and Assistant Directors and feedback had been incorporated. Mrs Mitchell referred members to the key changes within the document.
In addition to these changes Mrs Mitchell alluded to changes introduced in response to the changes in the level of authority delegated to Trusts by the Department of Health in respect of capital expenditure. She referred members to the changes which include Trust Board approving general capital schemes up to a value of £1.5m.

Mrs Mitchell commended the Scheme of Delegation and the Schedule of Delegated Authority to members for approval.

Following consideration members unanimously supported the revised documents for use from 2017/18 onwards.

4/17/16

POLICIES

- Grievance Procedure
- Revalidation for Nurses and Midwives
- Hospital Visiting Policy: Supporting Family Presence and Participation
- Reducing the Harm Caused by Misplaced Nasogastric and Orogastric Feeding Tubes
- Throbo prophylaxis Policy for Adults

Following consideration of the above policies they were all unanimously approved by members.

4/17/17

FERMANAGH AND OMAGH DISTRICT COUNCIL COMMUNITY PLAN

Mrs Molloy referred members to the Community Plan for Fermanagh and Omagh District Council. She said the Plan brought together the knowledge, expertise and collective resources of a wide range of partners across the public, private and community and voluntary sectors all working towards a single agreed vision for the Fermanagh and Omagh areas. Mrs Molloy advised members that as statutory partner she had participated in the process to develop the Plan as she is a member of the Partnership Board. Mrs Molloy said the Trust heads one of the 3 themes “People and Communities.

Trust Board noted the Community Plan.

4/17/18

MEDICAL AND DENTAL EDUCATION ANNUAL REPORT

The Chairman welcomed Dr McNeill, Sub Dean for Undergraduate Medical and Dental Education and Training and Dr Corrigan, Director of Post Graduate Medical and Dental Education and Training to present their annual report for approval.
Drs Corrigan and McNeill took members through the highlights of the report and discussed many of the positive features of undergraduate and post-graduate education in the Western Trust. There was extensive discussion around the issues and Dr Hughes also drew members’ attention to the recent GMC visit and described the positive feedback received. He also highlighted an issue around supervision of junior medical staff in the South West Acute Hospital and said that an action plan and response to GMC would be developed.

The Chairman thanked Drs Corrigan and McNeill for their presentation and said that the quality of education and training was profoundly important to the Western Trust as it formed part of our recruitment and retention strategy for the medical workforce.

Following consideration members unanimously approved the annual report.

4/17/19
MINUTES OF ENDOWMENT AND GIFTS COMMITTEE MEETING – 28 FEBRUARY 2017

Dr McIlroy referred members to the minutes of a meeting of the Endowment and Gifts Committee held on 28 February for information. Dr McIlroy advised members that a further meeting had taken place on 4 April and he could confirm all the action arising from the February meeting had been completed and a further meeting was scheduled for June.

Dr McIlroy referred to the Committee’s target to reduce trust fund balances and said the target set had been achieved. He commended staff for doing this.

It was noted that Mrs Cummings had now joined this Committee.

4/17/20
TENDER AWARDS

In Mr Moore’s absence, Mrs Mitchell advised members of the award of new contracts for the Theatre Project and Macmillan Health and Wellbeing Campus project, both Altnagelvin Hospital, following the administration of the original contractor and subsequent determination of contracts.

In respect of the Altnagelvin Theatre Project, Trust Board was advised that the Trust had now re-awarded the contract to Lowry Building and Civil Engineering to complete the project. At a value of £2,074,000 (excluding VAT), this award was to the second lowest tenderer in the original tendering exercise which was also below the original pre-award estimate. Mrs Mitchell confirmed that the award represented value for money and all necessary pre-award checks had been undertaken. She also advised that the contract award had been progressed through the DAC process following a recommendation from the Design Team which was supported by CPD Health Projects as Centre of Procurement Excellence.
In respect of the Macmillan Health and Wellbeing Campus at Altnagelvin, members were advised that the works to complete the Campus had also been reassigned to Nicor Construction using the Trust’s existing Measured Term Contract arrangements for the management and completion of the construction works.

Mrs Mitchell advised that RJ Loughlin Electrical Services and North West Mechanical Ltd, the electrical and mechanical subcontractors on the original project had been reappointed to facilitate the completion of the electrical and mechanical works.

Members were advised that the MTC contractor Nicor, together with RJ Loughlin Electrical Services and North West Mechanical Ltd had been appointed through the DAC process following a recommendation from the Design Team and CPD Health Projects as a Centre of Procurement Excellence.

Mrs Mitchell added that the costs of completing the Campus works, including completion of the building, electrical and mechanical services works was £299,556.04 excluding VAT. The contract is scheduled for completion in early summer 2017.

Members noted the position with regard to these 2 projects.

4/17/21

TRUST FUNDS

The Chairman referred to 5 requests for expenditure from Trust Fund accounts:

- £12,000 from Perinatal Fund Altnagelvin Hospital, for Human Factors Training x 4 sessions;
- £15,000 from Perinatal Fund Altnagelvin Hospital towards the cost of a bereavement suite in the maternity unit;
- £44,550 from the Cancer Services Fund Altnagelvin Hospital for payment for fixed term service agreement Macmillan Welfare Benefits Service Extension;
- £10,495 from the Palliative Care Fund Tyrone County Hospital for a bariatric bed, air mattress with side width extenders;
- £18,612 from Cancer Services Fund for conversion of a store into a Point of Care Laboratory

Following consideration all the requests for expenditure were approved unanimously by members.

4/17/22

ISSUES FROM THE PATIENT AND CLIENT COUNCIL

As Mr Dixon was not present there were no issues raised by the PCC.
4/17/23
CONFIDENTIAL ITEMS

4/17/24
ANY OTHER BUSINESS

There were no further items of business.

4/17/25
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Board will take place on Thursday, 4 May 2017 at 10.00 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

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Mr N Birthistle
Chairman
4 May 2017