Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 5 May 2016, at 10.00 am in Lecture Theatre, South West Acute Hospital, Enniskillen

PRESENT
Mr G Guckian, Chairman  
Mrs E Way, Chief Executive

Mrs S Cummings, Non-Executive Director
Mr N Birthistle, Non-Executive Director
Mr J Campbell, Non-Executive Director
Mrs M Woods, Non-Executive Director
Dr G Mcllroy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director

Mrs G McKay, Director of Acute Services
Mr K Downey, Executive Director of Social Work/Director of Women and Children's Services
Mr T Millar, Director of Adult Mental Health and Disability Services
Mrs A McConnell, Director of Human Resources
Mrs T Molloy, Director of Performance and Service Improvement
Mrs L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE
Mrs M McGinley, Executive Assistant to Chief Executive
Mr O Kelly, Head of Communications
Mr A McKinney,
Mrs A Witherow, Assistant Director of Nursing

5/16/1
CHAIRMAN’S BUSINESS

The Chairman welcomed everyone to the May Trust Board meeting in Enniskillen. He referred to a report of his business from the last meeting.

- On 7 April the Trust was delighted to sign a cross border Service Level Agreement between the Trust and Saolta University Health Care Group in respect of a 24/7 primary Percutaneous Coronary Invention service at Altnagelvin Hospital. The Chairman explained that the service had commenced on 4 May 2016.

Members were advised that this service will treat approximately 50–60 Donegal patients each year who have suffered a suspected heart attack. Heart attack patients within 90 minutes road time, who previously would have been transported to University Hospital Galway by road or air, will now be transported the shorter distance to Altnagelvin Hospital for emergency treatment.
The Chairman added that a Consultant Interventional Cardiologist has been employed by the Saolta Group based at Letterkenny University Hospital and who will contribute to the delivery of the pPCI service from Altnagelvin Hospital participating in the on-call rota.

- On 13 April the Chairman was delighted to attend a welcome event for the new staff that have been appointed to work in the Radiotherapy Unit. Members were advised that attending the event had been Consultants, the Medical Physics Team, the Therapeutic Radiography Team and other staff.

- On 26 April the Chairman was pleased to meet with Mrs Heather Monteverde, General Manager Northern Ireland and Senior Development Manager, Mrs Paula Kealey, Macmillan. He said the occasion allowed them to mark the progress being made on the construction of the new Health and Wellbeing Campus. A photograph showing progress with the construction of the Health and Wellbeing Campus was taken and this will be used to launch Macmillan’s fundraising campaign.

Later that same day the Chairman hosted an informal event to acknowledge the work that is carried out by volunteers in the Northern Sector of the Trust.

On the evening the Chairman was joined by some 35 volunteers who all carry out a wide variety and range of roles within the Trust.

- The Chairman said that he was pleased to attend the Annual General Meeting of Spruce House, Altnagelvin Hospital on 3 May 2016.

- Following today’s meeting the Chairman reminded the Non-Executive Directors of their visit to view the Emergency Department in a familiarisation visit.

5/16/2
CHIEF EXECUTIVE’S REPORT

Mrs Way advised members about 2 issues.

Finances

Mrs Way said that 2015/16 had been a challenging year financially. She said staff had worked extremely hard to deliver an outstanding performance. She said that uniquely in the Western Trust there is a heavy reliance on locums as the Trust is required to use locums to fill gaps in junior doctors’ vacancies and this has an impact on cost. Mrs Way assured members that this has been discussed directly with the Permanent Secretary.

Mrs Way advised members that the last meeting of the SRaFA (Service Reform and Financial Accountability) group was held this week. Mrs Way paid tribute to Mrs Mitchell, Mrs Molloy and all Directors for their support during this process. A final report will be brought to and discussed at a future Governance Committee meeting.
HSC Restructuring

Mrs Way advised members discussions were ongoing with regard to proposed HSC restructuring. She said that the expert panel, led by Professor Rafael Bengoa, was also expected to report its findings by end June.

Discussion took place with regard to the junior doctor allocation to the Trust and it was noted that through the work of the Medical Director and Directors of PSI and HR this had resulted in an increase in the number of junior doctors allocated to the Trust. However it was noted that this increase is in relation to F1 and F2 doctors and there remained a gap in middle grade doctors. It was noted that this continues to be discussed with the DHSSPS.

5/16/3
APOLOGIES

Apologies were received from Mrs J Doherty, Non-Executive Director, Dr D Hughes, Medical Director and Mr A Corry Finn, Executive Director of Nursing/Director of Primary Care and Older People’s Services.

The Chairman welcomed Mr McKinney and Mrs Witherow who were attending on behalf of their respective Directors.

5/16/4
DECLARATION OF INTERESTS

There were no declarations of interest expressed.

5/16/5
MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 7 April having been distributed were approved as a true and accurate record of discussion.

5/16/6
MATTERS ARISING

There were no matters arising.

5/16/7
QUALITY AND SAFETY

Patient Story – Acute Services Respiratory

The Chairman welcomed this month’s patient who asked to remain anonymous.
The patient thanked members for the opportunity to attend today’s meeting and said that he would share experiences in relation to respiratory care. The patient’s medical background was shared with members and experiences to date. The patient outlined the challenges in relation to the provision of care when the patient’s care crosses both medical and surgical services.

Mrs Way thanked the patient for their open and honest account of their experience. She said that she would like to examine some of the examples given where there could be more connectedness across services. The patient welcomed this approach. Mrs Way said the Trust’s aim is provide high quality services and said that she wanted the Trust to provide services better for patients. Mrs Way asked Mr Kelly, Mrs McKay and Mrs Witherow to look at the issues raised and report back to her.

The Chairman thanked the patient for attending today’s meeting and said he also welcomed the feedback.

Quality Improvement Monitoring

Mr McKinney referred members to the Quality Improvement Plan for March 2016 which showed performance over the 2015/16 year. He said the report showed steady progress and said some of the newer wards undertaking this work were making good progress.

Infection Prevention and Control Update

Mr McKinney referred members to a full update in respect of infection prevention and control within members’ papers.

In particular Mr McKinney advised members that the Trust reduction target for \textit{C diff} in 2015/16 had been 48 cases however there were 64 cases reported. Members were advised that 38 of the cases were classified as healthcare-acquired or associated, as they had occurred more than 48 hours after admission to hospital. Members were advised that the remainder were classified as community-acquired as the patients presented with symptoms within a 48 hour period after admission.

Continuing Mr McKinney advised members that the Trust had reached its target limit for MRSA bacteraemia in 2015/16. It was noted that there were 9 cases reported for the year and therefore the reduction target had been achieved. Members were asked to note that only 3 of the 9 cases were classified as being healthcare-acquired.

Mr McKinney advised that during March 2016 a ward in Altnagelvin Hospital had been closed due to an increased incidence of diarrhoea and vomiting. He said the IPC Team were alerted quickly to the possibility of an outbreak thereby enabling efficient application of infection prevention and control measures by the ward manager, medical and nursing staff and cleaning staff. Members were advised that all recommendations by the IPC Team were actioned promptly and the ward had been closed fully for 4 days and partially for 5 days.
**Environmental Cleanliness Update**

Mrs Witherow referred members to the outturn of the environmental cleanliness audit report for March 2016.

In respect of bi-monthly audits, members were advised that audits had been carried out on all wards/departments and no audit had scored less than 75%. She said however there were 3 areas which had not carried out the audit as per the standard of 2 audits per month.

In moving to quarterly, 6-monthly and managerial audits members were advised that no audit had scored less than 75% however there were a number of audits to be completed during the period. Mrs Witherow advised that in relation to managerial audits these are unannounced audits and the performance of 97% was very commendable.

Mrs Witherow advised members that the Western Trust is the only Trust in Northern Ireland to undertake these audits in the way that we do in that the Trust’s audit team is multi-disciplinary. She commended the strong relationship between Infection Prevention and Control Team, Nursing ad Estates.

Members were assured that there was no pattern to the areas that have been unable to complete the 2 audits per month per the standard. Mrs Witherow said that this was mainly due to the busyness of the area.

**Corporate Risk Register and Board Assurance Framework**

Mr McKinney reminded members that there are currently 34 corporate risks as agreed by Governance Committee at its last meeting in March 2016. He said there were no new, re-graded or deleted risks on the Corporate Risk Register approved by Governance Committee in March and that updates had been added regarding progress on certain risks.

Members were advised that the format of the Corporate Risk Register had been amended as agreed at the risk workshop in April which now included the initial risk and the rating score for each risk.

5/16/8

**FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED MARCH 2016**

Mrs Mitchell referred members to the report on the financial performance of the Trust for the month ended 31 March 2016 contained in the papers.

Mrs Mitchell stated that this report estimated the year-end position which would be confirmed by the annual accounts process which is due to be completed by June 2016.
Mrs Mitchell advised that based on the month 12 financial performance she was able to advise that the Trust had reached a breakeven position for 2015/16 with an estimated year-end surplus of £40k.

Mrs Mitchell referred to Table 3 which outlines the financial performance by Directorate and highlighted that the Acute and Primary Care and Older People’s Directorates had increased their overspends compared to the previous month with the Women and Children’s Directorate improving its position. She highlighted that the Adult Mental Health & Disability Directorate continued to underspend.

Mrs Mitchell referred to Table 4 which reports on agency/bank/overtime costs by Directorate and highlighted that £13m had been spent on medical agency staff which was an increase of £2.4m from the previous year. She referred members to the graph on page 5 which documents medical agency spend over the past 3 years by Directorate.

Mrs Mitchell referred to Section 4 on Elective Care and advised the Board that there was an underspend of £408k in respect of Elective Care. She referred to Table 5 and stated that £375k of the underspend related to In House delivery.

Mrs Mitchell directed members to Table 6 which documents the position in respect of the contingency plan. She highlighted that the contingency plan was over-delivering by £879k as a result of the Primary Care and Older People’s Directorate closing its contingency plan in full.

She also referred members to Table 7 which records the position at month 12 in relation to the development and delivery of savings plans and advised that 41% of the plan had been delivered on a recurrent basis. She stated that the non-recurring component would require to be covered in 2016/17.

Mrs Mitchell advised that there remained a significant challenge to get to recurrent balance and highlighted Section 7 which gave an update on work on recurrent balance. She also advised that the final Service Reform and Financial Accountability meeting with the HSC Board had taken place on 4 May 2016 and that a closure report would be issued in due course.

Mrs Mitchell concluded by thanking the Directors and their teams for all their efforts during 2015/16 to ensure that a breakeven position was achieved. She said that the process through the year had been challenging and would continue into 2016/17.

Mr Campbell queried whether the overspends within Directorates would continue into 2016/17. Mrs Mitchell confirmed that unless additional funding was secured or that expenditure was contained then it would be anticipated that overspends would continue.

The Chairman stated that it was difficult for a Trust to employ a full zero based budgeting approach as income was not fully known at the start of the year and also the uncertainty regarding the availability of non-recurring funds in year.
Mr Campbell referred to the level of medical agency spend and queried whether this mainly related to vacancies at consultant level. Mrs Way advised that the bulk of expenditure related to gaps at junior and middle grade doctor levels.

Dr McIlroy stated that it was difficult for the Trust to reach a fully recurrent balance position due to the limitations in implementing recurrent proposals. He highlighted that this will remain a significant issue for the Trust moving into 2016/17.

5/16/9

**PERFORMANCE MANAGEMENT INFORMATION**

Mrs Molloy said her presentation today would concentrate on the Trust’s end of year position and she would also provide context where relevant including the prior year position, the regional position and activity and demand changes which have been influencing factors this year.

Mrs Molloy referred to the Trust’s continued excellent performance on cancer services. She said performance against the 14 day standard during 2015/16 had been 99.2% against a regional performance for April 15 – February 16 of 75%. She said performance for March was 100%. Mrs Molloy said in relation to the 14 day standard there had been a significant increase in demand in this service and in order to address this, 3 additional breast lane clinics per week had been established in order to enable the Trust to continue to meet the ministerial standard.

She advised that in respect of the 31 day standard the Trust’s performance for the year had been 99.8%, and that all Trusts had performed well against this standard.

In respect of compliance against the 62 day access standard the Trust’s performance for the year had been 91%. Mrs Molloy advised that regionally the majority of patients actively waiting longer than 62 days are on the urology, skin, lower GI or upper GI cancer pathway. She said there are ongoing workforce and capacity issues in these tumour sites, and given the prevalence of Inter Trust transfers, a number of specialty-specific regional groups involving representation from the HSCB, PHA and Trust have been established and work is being taken forward in these forums to develop solutions.

Mrs Molloy advised members that the number of red flag suspect cancer referrals during the year had increased by approximately 20% since 2014/15.

In moving to fracture demand members were advised the number of patients who received inpatient treatment for Fracture NOF in 2015/16 had decreased by 39 compared to 2014/15. She added also the overall number of trauma admissions had decreased by 60 compared to 2014/15 however she said that although the numbers showed a decrease in actual patient numbers it did not reflect the complexity of the patients being treated. She added that the numbers also did not reflect if there were particular weeks that overall demand was high and therefore due to volume of trauma or bed capacity patients were more likely to breach.
Members were advised that during 2015/16 89% of patients were treated within 48 hours. She said 42 patients breached the 48 hour target out of a total 392 with the longest wait being 113 hours.

Mrs Molloy said that Trust continues to aim to meet the 48 hour standard for all fracture patients and therefore patients with hip fractures are not given priority or dedicated lists. Members were briefed on the primary reasons for breaches and that patients are taken to theatre in chronological order, taking account of clinical need, and paediatric patients are given priority.

In relation to unscheduled care, Mrs Molloy advised that during 2015/16 against the 4 hour standard the Trust’s average performance across the year had been 70% in Altnagelvin Hospital and 82% in SWAH, with 114 breaches against the 12 hour standard in Altnagelvin Hospital and 58 breaches in SWAH. Mrs Molloy briefed members on the increases in ED attendances and Unscheduled admissions for both acute hospitals. Mrs Molloy commented that planning assumptions entering 15/16 had been to expect 4% growth in ED attendances and that Altnagelvin Hospital was well above that.

In moving to non-elective admissions Mrs Molloy said that in Altnagelvin Hospital there was 3% growth from the previous year. She said this created pressure on bed availability, on discharge teams, and on community services. SWAH had remained broadly in line with the previous year.

Mrs Molloy continued on performance against the 4 hour standard regionally. She said that at the end of February the Trust’s performance had been 73% against a regional average performance of 74%. It was noted that the Trust’s performance against the 4 hour performance for 2015/16 was Altnagelvin 70%, SWAH 82% and TCH 99.9%.

Mrs Way referred to the service improvement project supported by Seamus McGirr. She asked that Mr McGirr be invited back to Trust Board to share findings and progress made to date.

Mrs Molloy referred to 2 recent workshops at SWAH to develop the Service Improvement Plan with Mr McGirr, and it was agreed that it was timely for him to come back to Trust Board on the work ahead.

Mrs Molloy referred to the regional performance against the 12 hour standard. It was noted that the total number of patients breaching the standard in the Western Trust was 172 against the regional breach position of 3,262.

Continuing with elective access for outpatients, members were advised that against the standard that 60% of patients should wait no longer than 9 weeks for their first outpatient appointment, the Trust's position for 2015/16 had been 43%. Mrs Molloy said this was an improved position as a result of waiting list initiatives from November to March 2016. She said the Trust would continue with in house WLI in quarter 1 and quarter 2 of 2016/17.
Mrs Molloy advised that 15,775 were patients now waiting more than 9 weeks and 11,107 patients waiting more than 18 weeks. It was noted that the regional position is 151,929 patients waiting more than 9 weeks with 112,845 patients waiting more than 18 weeks at February 16.

Against the standard that 65% of patients should wait no longer than 13 weeks for inpatient/day case treatment, Mrs Molloy advised that the Trust’s performance as at 31 March had remained stable at 50% of patients seen within 13 weeks. She said that the Trust’s performance had been affected due to significant pressure on inpatient beds during the winter period. Mrs Molloy said again this had been an improved position due to Independent sector WLI, however there was no IS WLI funded as yet in 16/17, a small amount of inhouse WLI would be undertaken in quarters 1 and 2 in 2016/17.

Members were advised that 5,853 patients have been waiting more than 13 weeks and 3,509 patients waiting more than 26 weeks.

Mrs Molloy referred to acute core capacity against Service and Budget Agreement and said that the Trust’s position at end of year was -5.3% in respect of elective inpatient/day cases; -7.2% in respect of new outpatients; and -2.1% in respect of review outpatients. Mrs Molloy said that the Trust’s performance in respect of inpatient/day case had decreased over the winter period due to the bed pressures.

Mrs Molloy outlined to members the Trust’s continued excellent performance against the ministerial standards for diagnostics performance.

She said the Trust’s outturn at year end against the standard that no patient should wait longer than 9 weeks for a diagnostic test was that there were 200 patients waiting longer than 9 weeks. Mrs Molloy advised that the majority of these patients were related to audiology, where workforce issues had been previously briefed to the Board, and were being addressed. She pointed to the excellent performance in respect of imaging and that the Trust remained the best performing Trust in diagnostic services.

Mrs Molloy referred to endoscopy and said that no patients were waiting more than the 9 week standard at year end. She said that significant investment had been made by the Trust and the HSCB to achieve this end of year performance improvement.

Mrs Molloy referred to autism assessment. She said at year end there were 102 children breaching the 13 week target for assessment and 11 children breaching the 13 week target for treatment. Mrs Molloy advised members that there is regional work ongoing to review the Autism service model and that additional recurring investment has been made of some £2m which the Western Trust will receive a 20% share. Work is already underway to deploy this investment, however regional pathway work is underway to influence this.

In relation to community paediatrics members where advised that while the Trust met the Ministerial target at year end some children waited longer than the standard throughout the year. Members were advised of workforce issues within the
community paediatric team and said that it will be included in the planned CAMHS service improvement project.

Mrs Molloy took members through the outturn against Primary Care and Older People’s performance across a range of standards for its Directorate. She said there were only 5 patients breached the standard for Care of the Elderly. In relation to the wheelchair service members were advised of an additional £160k investment which is predicting that the service will meet the 13 week standard by year end. In relation to lifts and hoists additional investment has been made predicting 24 breaches at year end.

Continuing Mrs Molloy referred to the Trust’s performance against the stroke target administration of lysis. She said that in relation to the standard that 13% of patients with confirmed ischaemic stroke receive thrombolysis the Trust’s performance outturn at year end was 15.6%.

Mrs Molloy highlighted to members the waiting times position for Allied Health Professional Services at year end. She said that in 2016/17 focussed effort would be given to specialist areas of Occupational Therapy, Podiatry and Speech and Language Therapy. She said at year end there were 2,693 patients waiting on an AHP service with the longest waits being in OT, Podiatry and SALT.

Mrs Molloy shared performance outturn for Mental Health & Learning Disability Service. She outlined to members that at year end 10 patients were waiting longer than 9 weeks to access child and adolescent services and 8 patients were waiting longer than 9 weeks for access to adult mental health services. In relation to CAMH services members were advised of the increased number of referrals particularly emergency and urgent referrals. However, Mrs Molloy said the service had improved the waiting time position over the last 3 months with this improvement being the result of additional WLI investment and overtime being carried out by existing staff.

In relation to psychological therapies members were advised that at year end the number of patients waiting longer than 13 weeks to access psychological therapies was 98 patients. Mrs Molloy advised this service was facing an increase in referrals in AMH psychological therapies and workforce issues, with some very long waits in very specialist areas.

In moving to performance against hospital discharge Mrs Molloy advised performance within Mental Health at year end was 97% of all discharges took place within 7 days of the patient being assessed as medically fit for discharge. In respect of Learning Disability members were advised that 84% of all discharges took place within 7 days of the patient being assessed as medically fit for discharge.

In respect of discharge from acute hospital for the end year it was noted that 79% of all complex discharges took place within 48 hours. Mrs Molloy outlined to members the reasons for delay in respect of complex discharges greater than 48 hours, and advised that the performance in this area had deteriorated further during the year. Performance against non-complex discharges remained strong.
Concluding her presentation Molloy looked forward into 2016/17. She said the Commissioning Plan Direction was now issued which outlined 48 Ministerial Targets for 2016/17 – 24 new targets; 6 existing targets amended; 15 unchanged targets from 2015/16 and 3 targets which are not applicable to Trusts. Work is underway to develop the TDP against these standards.

Mrs Molloy finished by referring to the excellent performance in cancer and diagnostics acknowledged by the HSCB as best in region. She recapped that elective access was impacted by an increase in demand in unscheduled care, with general improvement due to WLI at year end. She said there had been good performance across a wide range of Ministerial standards with small numbers of breaches in some specialities however significant challenges persist in unscheduled care, elective access, AHP services, complex discharges and autism services into 2016/17.

5/16/10
FINANCE AND PERFORMANCE COMMITTEE – MINUTES OF MEETING HELD ON 5 APRIL 2016

Mrs Cummings referred members to the minutes of a meeting of the Finance and Performance Committee held on 5 April for information.

She said that at the meeting on 3 May a very full presentation had been given and on behalf of the Committee she commended staff on the finance and performance outturn for 2015/16. She said however as the Trust moved in 2016/17 the Committee was aware that the challenges remained and the Committee is aware of the effect this has on staff.

5/16/11
POLICIES

- Gifts and Hospitality (Reviewed)
- Dress Code Policy
- Policy on the Treatment of Anaphylaxis

Following consideration members approved the above 3 policies unanimously.

5/16/12
SCHEDULE OF DELEGATED AUTHORITY 2016/17

Mrs Mitchell advised members that at the beginning of each year Trust Board is required to review and approve the Trust’s proposed Schedule of Delegated Authority for that year. As part of the internal review process, the proposed documents have been shared with the relevant Trust senior managers and feedback has been incorporated.
Mrs Mitchell outlined the key changes to the documents in respect of the General Schedule of Delegated Authority and Endowment and Gift Funds Schedule of Delegated Authority.

Following consideration members unanimously approved the revised documents.

5/16/13
AUDIT COMMITTEE UPDATED TERMS OF REFERENCE

Mr Birthistle advised members that the Audit Committee had undertaken an annual review of its Terms of Reference in October 2015 and an amended Terms of Reference was agreed at the Committee meeting held in February 2016.

Mr Birthistle said amendments were made to include reference to the Mid-Year Assurance Statement as well as the Governance Statement at year-end and to outline the requirement for Audit Committee to review the Direct Award Contract Register.

Members were also advised that a note had been included that the Chief Executive should be invited to attend at least 2 meetings a year and that an additional meeting could be requested by the Chairman or a Non-Executive Director as well as Internal/External Audit.

Mr Birthistle commended the amended Terms of Reference for members’ approval.

Following consideration members approved the Terms of Reference unanimously.

5/16/14
REGIONAL EMERGENCY SOCIAL WORK SERVICE ANNUAL REPORT 1 APRIL 2014 – 31 MARCH 2015

Mr Downey referred members to the Regional Emergency Social Work Service Annual Report for the period 1 April 2014 – 31 March 2015.

Members were advised that the Regional Emergency Social Work Service (RESWS) was established following a number of high profile reports including the SSI Overview Report entitled “Our Children and Young People – Our Shared Responsibility” 2006, The Independent Review into the death of Mr McElhill and his family in 2008 conducted by Mr Henry Toner (the Toner Report) and the DHSSPS Social Work Strategy “A 10 Year Strategy for Social Work in Northern Ireland 2010-2020” all of which highlighted the importance of modernising and reforming the Out of Hours Social Work Service.

Mr Downey said this Annual Report covered the Service’s second year in operation and reminded members that the Regional Emergency Social Work Service has been managed by the Belfast Health and Social Care Trust on behalf of the five Trusts in Northern Ireland since it commenced and reports regularly to an Operational
Management Group and a Consortium Board via the Service Manager and the Co-
Director, Community Child Health and Child Care, BHSCT.

Members were advised that the RESWS continues to provide an emergency out of
hour’s social work response across all five Trusts and across all of social care,
including Family and Child Care, Learning Disability, Mental Health, Physical Health
and Disability and Older Peoples Services.

Mr Downey commended the report to members and assured that the Service meets
all of the needs of the Western Trust.

Following consideration members unanimously approved the annual report.

5/16/15

**BUSINESS CASE**

- Essential Water Management Upgrade works Altnagelvin Hospital Wards 1-5
- Beechway

Following consideration the above business cases were unanimously approved by
Trust Board.

5/16/16

**ENDOWMENT AND GIFTS COMMITTEE – MINUTES OF MEETING HELD ON 7
APRIL 2016**

Dr McIlroy referred members to the minutes of the Endowment and Gifts Committee
held on 7 April 2016. He referred to the Committee’s work plan for 2016/17 and said
the Committee had approved a plan of work to change the aims and objectives of
dormant funds. He said the process would be tested on a small number of funds
and the learning from this would then be taken into account in devising a strategy for
dealing with the remaining funds.

In addition members were advised that the Committee has requested that one final
attempt be made to progress this matter with the Charities Commission before
pursuing a route through the Courts.

Concluding Dr McIlroy advised members that the Committee had some further
discussion on mechanisms to encourage Fund Signatories to develop and
implement spending plans. It was agreed that a target should be set for a reduction
in fund balances by the end of 2016/17.
5/16/17
GOVERNANCE COMMITTEE – MINUTES OF MEETING HELD ON 16 DECEMBER 2015

The Chairman referred members to the minutes of a meeting of the Governance Committee held on 16 December 2015. Following consideration they were unanimously approved by members.

5/16/18
TENDER AWARDS

There were no tender awards for consideration.

5/16/19
TRUST FUNDS

Mrs Witherow shared with members a proposal to purchase and fit a safety device system preformed cubicle tracks for curtains.

Following consideration members unanimously supported this request.

5/16/20
CONFIDENTIAL ITEMS

5/16/21
ANY OTHER BUSINESS

There were no further items of business.

5/16/22
DATE OF NEXT MEETING

The next meeting of the Western Health and Social Care Trust Board will be on Thursday, 9 June 2016 at 10.00 am in the Denis Desmond Room, Trust Headquarters, MDEC Building, Altnagelvin Hospital, Londonderry.

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Mr G Guckian
Chairman
9 June 2016