

NORTHERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Eighty Sixth meeting of Trust Board held on Tuesday 2 December 2014 at 10.00am at Fern House, Antrim Area Hospital

Present:

Mr R McCann	Chairman
Dr T Stevens	Chief Executive
Dr C Ackah	Non-Executive Director
Mrs L Ensor	Non-Executive Director
Mr S Forsythe	Non-Executive Director
Dr G Furness	Interim Medical Director
Mr J Moore	Non-Executive Director
Ms P Montgomery	Non-Executive Director
Mr L O'Neill	Director Finance
Mrs M Roulston	Director of Children's Services/Executive Director Social Work
Professor D Whittington	Non-Executive Director

In Attendance:

Mr O Donnelly	Director Mental Health and Disability Services
Mrs C Duffield	Director of Human Resources
Dr B Hunter	GP Medical Director
Mrs M O'Hagan	Director of Acute Services
Mrs C Kerr	Deputy Director Nursing (representing Mrs MacLeod)
Mrs P Craig	Assistant Director PCCOPS (representing Mrs Cuning)
Mrs A Renfrew	Assistant Director Capital Development/Performance (representing Ms Donaghy)
Mrs M Mulholland	Head of Communications
Mrs M McDowell	Executive Assistant

Apologies:

Mr B Graham	Non-Executive Director
Mrs U Cuning	Director of Primary and Community Care for Older Peoples Services
Mrs O MacLeod	Director of Nursing and User Experience
Mr M Sloan	Director Planning and Performance Management
Ms B Donaghy	Interim Director Planning and Performance Management

Staff Side representatives and members of the public were in attendance.

TB154/14 Conflicts of Interest

No Conflict of Interests were declared.

TB155/14 Chairman's Business

Mr McCann advised that a letter had been received from the Permanent Secretary on 18 November, requesting the Board Governance self assessment tool for 2014/15 to be completed and returned by 31 March. He said that this would be considered by Trust Board and that arrangements would be made to have the completed pro forma independently verified.

Mr McCann was pleased to advise that there had been eight finalists from the Northern Trust in the IHM Quality Award finals 2014. The Trust had won two awards, with Mrs Wini McCausland, MacMillan Ward Manager being announced as the RCN Nurse Manager and Mark Cox, Intermediate Care, Rehabilitation and Stroke Team Manager, being awarded Manager of the Year . It was also noted that Jayne Reynolds from the Community Forensic Service had been announced as the overall winner of the Advancing Health Care Awards on 23 October and had won the individual award for achievement in promoting person centred practice. Congratulations were extended to all awards winners.

The Chairman advised that the Minister had approved the extension of the appointments of Dr Carol Ackah and Mr Jim Moore as Non Executive Directors for a further twelve months, to 31 March 2016. The terms of appointment of Mr Forsythe, Ms Montgomery and Professor Whittington would be ending at 31 March 2015.

Mr McCann thanked Non Executives for their support at Trust Board and said that he would be taking the opportunity to recognise their contribution at a future meeting.

TB156/14 Chief Executive Report

The Chief Executive also acknowledged the success of staff who had won awards at a regional level and it was agreed that a celebration event should be held in the near future to recognise the achievements of these staff.

Dr Stevens reported on meetings he had attended with the Chief Executives of three of the new Super District Councils and advised that further meetings would be held in the near future.

Members noted that progress was being made on the review of the Executive Team structure and that engagement was continuing throughout the Trust to develop shared vision and values, as reported at the previous meeting.

Dr Stevens advised of his attendance at an Ecosystem Conference hosted by the Trust the previous day, on 1 December, and said that this was a great opportunity to showcase the excellent and innovative technology work being undertaken in the Trust.

TB157/14 Account of Patient/Client Experience

This month Dr Ackah was pleased to read a positive account of care and treatment received at Antrim Area Hospital. This account advised of the outstanding care provided and described the kindness, compassion and professionalism shown by staff.

Dr Ackah reiterated the importance of reflecting on negative and positive experiences at Trust Board meetings and said that lessons could be learned from both types of experiences.

TB158/14 Minutes of Previous Meeting

The minutes of the previous meeting held on 23 October 2014 were approved, on the proposal of Professor Whittington and seconded by Dr Ackah.

TB159 /14 Matters arising

It was noted that information on the unscheduled care action plan and complex discharges, as requested at the previous meeting, had been circulated to members.

TB160/14 Finance

The Director of Finance presented the report of the Trust's financial position as at 31 October 2014, advising that the current Trust deficit after seven months was £6.051m. He said that the projected best estimate for the year was £552,000 and presented a breakdown of this best estimate deficit, which assumed full achievement of the 2014/15 QICR savings target of £8.9m and full delivery of contingency savings of £6.9m.

Mr O'Neill drew attention to the best estimate sensitivity analysis projection which assumed that £3.854m of the QICR savings and £4.220m of the contingency would not be achieved. He highlighted that, if this was the case, then the deficit could rise to over £8m.

Members noted the detail of the contingency proposals totalling £6.9m, agreed by the Department, to be implemented from 1 November 2014. They noted that £2.72m were direct actions that could be taken by the Trust and these were secure. However, the remaining £4.220m was considered at risk and therefore assumed not to be deliverable.

Members noted the very difficult challenge to break even by 31 March 2015 and Mr O'Neill highlighted the main areas causing concern within individual directorates. These included:

- acute pressures predominately within nursing and medical salaries, driven by the high cost of locum cover for medical vacancies and the increasing level of nurse support required for escalation beds and unscheduled care activity;
- high demand and pressures on demography funding for elderly/mental health and disability services;
- high cost pressures from Article Payments made under the Children Order; and
- unfunded pressures in support services with regard to additional activity in the acute sector.

In noting the key assumptions used in the best estimate forecast, Mr O'Neill highlighted that the Trust could not break even without significant financial easement and assistance of the Commissioner and the achievement in full of all the savings and contingency plans.

In considering the progress against the savings target, members noted a projected £4.114m had been achieved at the end of October and a further £0.927m was considered deliverable by 31 March 2015. This meant that there remained a risk of non-achievement of £3.854m. Directors were working on contingency plans to ensure that the total savings amount of £8.895m was delivered in year and the particular challenges for some of the Directorates, namely acute, PCCOPS, children's and nursing, were acknowledged.

Members noted some of the key issues which had significant elements of estimation and could impact on the year end estimate. These included items related to Agenda for Change, elective care reform, sleeping night payments and supported living and direct payments. Particular concern was raised with regard to the application of sanctions by HSCB for under delivery in a number of core services in the acute sector. It was noted that the Trust was in discussions with the Board regarding sanctions of £338,000 applied for quarters one and two. Mr O'Neill indicated that, during this discussion, the Trust would be referring to the over performance in some areas and the challenges to meet winter pressures and maintain the improvements being made within unscheduled care.

Members acknowledged the significant financial challenges faced with the statutory requirement to break even by the end of the financial year. It was noted that all efforts would continue to deliver savings plans and contain/reduce expenditure and this would be done whilst facing the increasing demand for delivering safe and effective care.

TB161/14 Capital Position at 31 October 2014

Members noted the report on the capital spend position as at 31 October 2014. This showed that the Trust had spent £5.43m, equating to 21.4% of the total CRL of £25.366m. It was noted that this compared to the projected profile spend of 26.1%.

Mrs Renfrew drew members' attention to the current spend on the major projects schemes being undertaken, including Ballymena Health and Care Centre, the Antrim Hospital Adult Orthodontic and the Neonatal project.

TB162 /14 Inpatient facilities at Dalriada Hospital

The Chairman welcomed the members of the Save the Dal Campaign who were in attendance.

Copies of a draft consultation document in relation to the decision to temporarily close facilities at Dalriada Hospital were circulated. It was noted that this consultation sought views on whether there were alternative safe, viable proposals that could achieve the scale of savings required in the remaining months of the financial year. The document also included a screening template.

The Chairman put these documents in context with the Trust Contingency plan to reduce spending by £6.9m at 31 March 2015. He said that the Trust had identified a number of proposals to contribute to achieving the required savings. Members noted that, in delivering the plan, the Trust had adopted principles that aimed to protect front line emergency services and hospital and community services that responded to emergencies, immediate risks and protected the most vulnerable children, adults and frail older people.

In referring to the proposals for the temporary closure of Intermediate Care Services and MS Respite Services at Dalriada Hospital from 30 November 2014, Mr McCann referred to the very personal and emotive stories that had been reported since the Trust had made this announcement and acknowledged that he and all the Board Members had been very moved by them. He also reminded all present that patient and client safety was the Trust's first priority. At the same time, however, the Trust had to deal with a very difficult financial position while always ensuring the delivery of safe services and therefore had to make difficult decisions.

The Chief Executive also set out the context for the temporary closure and indicated that the Trust was committed as a priority to ensuring safe, high quality health and social care. He said that, in times of financial constraint, the best and safest way to deliver services had to

be found and the plans to deliver care on fewer sites were considered an important way to achieve this. This proposal sought to consolidate services in ways that made best use of resources and reduced dependence on temporary staff.

Whilst it was noted that the proposal being considered was a temporary measure, the Chief Executive acknowledged that the challenges would remain for the Trust into the future financial years and there would be an intention to review the Trust Intermediate Care Strategy for the future. He pointed out that any proposals for change would be subject to a separate consultation process.

Mrs Craig explained intermediate bed based care, advising that the Trust currently provided 109 beds over 16 locations, including community hospital and residential homes. She advised that, in line with Transforming Your Care, more care was being delivered at home and a decreasing number of people were being admitted to intermediate care beds with a shorter length of stay. The Trust had also been delivering a range of locality based services to provide better support at home and therefore the need for bed based rehabilitation care was expected to continue to reduce over time.

Mrs Craig advised that 41 of the 64 community hospital beds were in the Causeway locality and with this disproportionate distribution over the Trust, it had been determined that the number in this area could be reduced. With the location of Robinson Hospital being more central, the decision had therefore been taken to temporarily close the intermediate care beds at Dalriada.

At the current date, Mrs Craig advised that 7 patients remained at Dalriada and their individual care needs were being met as they recovered.

With regard to MS Respite Services, Mr Donnelly recognised the value placed on respite care by patients and their families and assured members that access was not being removed as services would be reprovided in alternative facilities. He advised that Dalriada was providing 12 respite beds for people living with MS with 85% of the bed days presently commissioned by the Northern Trust, with other Trusts having reduced in their commissioning of these beds over recent years reflecting a preference on their part to provide respite care more locally.

It was noted that usage in 2013/14 equated to 32% occupancy of the 12 beds

Mr Donnelly said that the reducing usage of the Dalriada service had been one of the reasons why the Trust had commenced a strategic review of how respite services for people with MS should be provided. Following the announcement of the Dalriada temporary closure, the

Trust had engaged individually with service users of Dalriada, a number of whom expressed a preference for bed based respite together with peers. The Trust's proposal was to reprovide the Dalriada respite service using an independent sector provider who could meet the needs of the service users and potential providers had been identified. This would also include Trust provision of AHP and other services currently available to respite users in Dalriada.

Mr Donnelly assured members of the Trust's commitment to ensure a high quality alternative service to meet the respite needs of people with MS who currently accessed Dalriada for this care.

On noting Professor Whittington's comments with regard to the individual needs of service users, Mr Donnelly advised that individual assessment would be undertaken to ensure that needs were being met and a temporary service would provide the opportunity to develop the service model further. It was also noted that primary health care services, such as physiotherapy and podiatry, would continue to be made available in the alternative setting, as would social outings.

Mrs Irwin, Head of Equality, outlined the details of the formal consultation and engagement proposals to be undertaken over a 8 week period from 2 December 2014 to 27 January 2015. She highlighted that this included targeted consultation workshops and engagement with services users, representative organisations and Trust staff. In order to ensure that consultees had all opportunities to provide comprehensive feedback, it was noted that independent facilitation would be engaged to facilitate the workshops.

With regard to staff, Mrs Duffield advised that the changes affected 58 staff and were being addressed through the principles of the Trust's Management of Change Human Resources Framework. She indicated that discussions were ongoing with staff on an individual basis with regard to redeployment opportunities to fill positions being vacated by temporary staff and staff were being kept fully informed during the process. Mrs Duffield acknowledged the Trust's value and respect for the staff and outlined the various forms of support being offered to them during the change process.

Dr R Mathers had been granted speaking rights on behalf of Save The Dal Campaign group and the Chairman invited him to speak. Mr McCann also referred to 14 questions which been submitted on 28 November and advised that, due to the amount of detail required, written responses would be provided as soon as possible.

Dr Mathers referred to the inappropriate timing of the announcement to close services and said that this was well rehearsed policy to coincide with the announcement of the NI Executive budget. He spoke of the high level of public concern and outrage in the local community, evidenced by the large attendance at public meetings held, the number

of petitions signed and the high level of interest by public representatives.

He expressed his disappointment at the Trust's representation at public meetings and its response to requests for information made under Freedom of Information which had not been addressed within the required legal timeframe and was still outstanding.

Whilst acknowledging the difficult financial position which existed, Dr Mathers said that public opinion had been ignored on this proposal which would privatise services and went against all the principles of Transforming Your Care. He said that this was the wrong decision to be taken for service users and their families and staff. He urged the Trust to reverse the action and to take the opportunities which now existed to engage positively with the local community to identify alternatives for savings proposals.

A carer of a service user spoke of the excellent facilities at Dalraida and expressed her concern that facilities at alternative locations would not be suitable to meet the needs of patients.

In response to the issues raised by Dr Mathers, Dr Stevens indicated that the announcement had been made by DHSSPS. He said that this had been a very difficult time for the Executive Team and senior managers who were very aware of the effects of the changes on service users and the staff at the hospital. He advised, however, that the improvements and developments in domiciliary care services over recent years had led to a reduction in the demand for intermediate care and therefore it was essential that a strategic review for the future of intermediate care was undertaken. Dr Stevens referred to his intention to develop a long term vision for the Northern Trust and for Causeway Hospital in particular.

The Chief Executive advised of the Trust's commitment to openness and transparency and the desire to engage with the public on the shape of future services. The need to have public confidence in the Trust's services and for dialogue to be maintained was recognised.

It was noted that the outstanding requests under Freedom of Information would be addressed and also the terms of reference for the independent facilitation of the consultation process would be shared with Dr Mathers.

On noting that a judicial review for the award of interim relief was currently being heard, Dr Stevens indicated that the Trust was required to proceed with its proposals until advised otherwise by DHSSPS.

Trust Board gave approval to proceed with the consultation process.

TB163/14 Performance Report

Mrs Renfrew presented the Performance Report for October and focused on five key areas.

1. Unscheduled Care

Members noted that the 12 hour target was still being maintained at Causeway Hospital which was the case since August 2013 and this was considered a significant achievement.

With regard to Antrim Area Hospital, it was noted that the 12 hour target was being sustained. However, with an average of 200 attendances per day, 7 breaches had been reported over 2 separate days during October. Mrs Renfrew advised that this was attributable to the lack of bed capacity on the site which had led to difficulties with the flow of patients at peak times.

The performance on the 4 hour target was noted as 68% in Antrim and 71% in Causeway. Although this performance showed little evidence of sustained improvement, Mrs Renfrew advised of the wide ranging Unscheduled Care Improvement Programme being undertaken to improve flow and reduce delays throughout the unscheduled care pathway. It was noted that the separate update on the Unscheduled Care Programme which had been circulated to members would be included in future performance reports.

Whilst recognising the work being undertaken through the improvement programme, Mr Moore indicated that a summary of the key 3/4 challenges and the plans to address these, with timescales, would be helpful. It was noted that the actions being undertaken involved significant clinical engagement and, whilst the focus was on waiting times, the priority was always based on clinical assessment.

The work being undertaken by Alamac, with the focus on improving the use of information, was also noted as assisting in addressing the challenges.

2. Complex Discharges

Members noted that the October performance on complex discharges taking place within 48 hours was 87%, with 55 delays across four hospital sites. 24 of these delays were noted as attributable to difficulties with sourcing packages of care caused by lack of capacity within the Trust's core services and independent sector provision. 10 delays were attributable to acute assessment and care planning, with a further 7 due to issues raised on patient choice. The complexity of patients being discharged into the community was acknowledged as a key issue.

Mrs Renfrew advised that progress was being made with this target through a discharge planning group targeting the causes of the delays.

3. Cancer Services

Mrs Renfrew advised that the target of 100% for breast cancer referrals being seen within 14 days had been achieved from August to October 2014. She indicated that this was attributable to the significant temporary investment in outpatient capacity through additional clinics to address the demand. In parallel, a bid for additional funds to maintain the service at this level had been made to the HSCB. Members noted that this position was expected to be maintained provided the recurrent resources were made available to increase capacity and discussion would be taking place with the Commissioner regarding the bid the following week.

On noting that figures on the 62 day for suspected cancer referrals were reported one month in arrears, Mrs Renfrew advised that, at the end of September, the Trust had achieved an average of 64% across all target tumour sites, including breast, urology and dermatology. Urology was highlighted as presenting particular concern with significant issues relating to demand exceeding capacity. It was noted that extra diagnostic sessions had been delivered in September and October in order to address numbers waiting while work continued with HSCB and other Trusts to find a longer term solution. It was acknowledged that breaches would continue until backlogs had been completely cleared.

In respect of gynaecology, it was noted that, although the Trust was significantly over performing in this area, there was insufficient hysteroscopy capacity to meet demand. A recovery plan had been developed to eliminate this backlog by the end of December and this would impact on the 62 day target by the end of the financial year.

Mrs Renfrew advised of reduced medical capacity in dermatology which had resulted in underperformance against the SBA, increasing waiting times for red flag referrals within this specialty. This underperformance was being addressed through the appointment of a substantive specialty doctor and a locum consultant and this would reduce waiting times for red flag outpatient appointments to bring the monthly volumes within 10% of the SBA.

Members noted that overall the performance on the 62 day target was likely to remain below 70% in the short term with improvement expected in quarter 4. An increase of 25% from the last year of out patient red flag referrals was highlighted.

4. Elective Care/SBA

Although there was an overall under delivery in some specialties against the HSCB required volumes, members noted a slight improvement from the previous month on SBA volumes, with underperformance in surgery now 11% and 8% for new outpatients.

Mrs Renfrew advised that the capacity of the service was being reduced by vacancies and absence and it was often difficult to secure locum cover which could deliver the same volume. The elective volumes also needed to be considered in the context of significant increasing pressure on non elective resources which added pressure to the limited resources across the system. An elective reform programme was underway to address the most significantly underperforming specialities aiming to recover the position from October.

As referred to under the Finance report, members again noted the potential of a retraction in funding by the Commissioner for under delivery of SBA volumes.

Reference was made to the Care Quality audits being undertaken under the Service User Experience section of the performance report. Mrs Kerr advised that additional audits were being put in place for the areas which had not reached the required level of compliance and these would be closely monitored. Members noted that these audits, which were currently being undertaken in acute hospitals, were being rolled out to Mid Ulster and Whiteabbey Hospitals and it was hoped to future expand to community hospitals and community facilities by the end of March 2015.

Mr McCann referred to the figure of 5.9 days for the elective average length of stay in the acute programme of care and Mrs OHagan undertook to provide further detail on this issue.

TB164/14 Good Relations Strategy

The Chairman welcomed Mrs Ivy Goddard, MBE, Project Director, Ballymena Inter Ethnic Forum, who joined the meeting for this item.

Mr McCann reminded members that approval had been given at the Trust Board meeting on 26 June 2014 for consultation to commence on the Trust's Good Relations Strategy. He invited Mrs Irwin to present the report of the feedback received during the 16 week consultation period of 1 July – 21 October 2014.

Mrs Irwin indicated that very positive feedback had been received during the consultation process and there had been a commitment from a number of stakeholders to work in partnership with the Trust on

the implementation of the Strategy. This feedback had been received from written responses and also from meetings with key stakeholders. The report presented summarised responses to the consultation and demonstrated how the feedback shaped the final strategy.

Mrs Goddard commended the Trust for its commitment to promoting good relations and indicated her full endorsement of the Strategy. She hoped that this would encourage other public bodies to undertake similar work to promote good relations.

Trust Board members congratulated Mrs Irwin and staff on the production of such an encouraging and heartening document and were pleased to approve the Strategy. The need to embed the principles in the organisation and be supported by managers was acknowledged. The Chief Executive advised that this would link well with the work being undertaken with staff to develop the Trust's vision and values.

TB165/14 Governance Review

The Chief Executive advised that in July 2014 the Trust had commissioned an independent review of its integrated governance arrangements through the HSC Leadership Centre. He presented a summary of the report and the 51 recommendations which had been made to improve the effectiveness and robustness of integrated governance systems within the Trust.

Dr Stevens advised that Mrs Roulston was leading on the work to implement the recommendations and she advised that the social care governance aspects of the report were being taken forward through the professional Social Work Forum.

On noting the recommendations with regard to accountability arrangements of Board Committees, members agreed that an Assurance Committee should be constituted to replace the existing Governance Committee. It was agreed that all Non Executives would be members of this Committee, with Mr McCann undertaking the role of Chair.

With the changes in Non Executive Director membership to take effect from 1 April 2015, the Chairman proposed and all agreed that Dr Ackah should undertake the role of Vice Chairman from 1 January 2015. It was also agreed that Mr Moore, who had been acting as Chair of the Audit Committee since December 2013, should be confirmed as Chair for the remainder of his term of appointment on the Committee.

TB166/14 Annual Adoption Report 2013/14

Mrs Roulston tabled the Adoption Panel Annual Report for the period 1 April 2013 - 31 March 2014.

She highlighted the increase in many aspects of adoption work in the Trust and the overall increase in the number of children adopted throughout NI. The reduction noted in the average age at adoption and in the timescales for Best Interest recommendations to adoption provided reassuring evidence of earlier permanence planning and timelier decisions making by courts. The commitment of the many dual approved and concurrent carers recruited by the Trust was acknowledged and members were pleased to note the increase in the number of applicants prepared to consider concurrent placements.

The Chairman referred to the concerns raised in the report about the impact of multiple moves on children's capacity to form secure attachments with adoptive parents. Mrs Roulston advised that this area was being closely monitored through the Resource panel and appropriate action was being taken.

As the Non Executive representative on the Adoption Panel, Mr Forsythe referred to a particularly busy year, with the increasing number of best interest for Adoption recommendations and the number of children adopted. He commended the work of the panel and said that the report reflected the excellent and very difficult work undertaken by social workers.

The Chairman took the opportunity to pay tribute to Mr Forsythe for his commitment and contribution to the work of the Adoption Panel over many years.

TB167/14 Corporate Parenting Report

Mrs Roulston presented the Corporate Parenting Report for the period 1 April to 30 September 2014 and highlighted the key issues raised. These included the significant reduction in the level of unallocated cases and slight decreases in the number of children referred for an assessment of need, on the child protection register and children looked after by the Trust.

Members noted the strenuous efforts being made to "shift left" towards earlier intervention to support children and families and to make sure that this would not place children at risk. The significant work undertaken to develop the Family Support Strategy was also acknowledged.

Due to the amount of data contained in this report, it was agreed that a workshop would be helpful to consider the information in more detail. It was also noted that this workshop would be useful for inducting the new Non Executive Directors on their role as corporate parents.

Mrs Roulston advised that funding was being allocated to address the recommendations of the Child Sexual Exploitation review and a workshop for Board members had been arranged for 18 December on this issue.

TB168/14 Personal and Public Involvement

Mrs Kerr presented the Northern Trust Personal and Public Involvement Report for 2013/14 which detailed the wide range of work that service users, carers and the public had been involved in during this year.

Members acknowledged the importance of engaging with the public in decision making and obtaining public feedback to make continuous improvement and help to shape services for the future.

Members noted a significant range of projects to involve the public ranging from engaging with older people to listening to children and young people. Particular reference was made to the various user forums which had been established for assisting in the planning, delivery and monitoring of some services.

The Chairman reflected that this wide ranging and innovation work demonstrated the Trust's commitment to openness and transparency and the importance of ensuring that meaningful engagement was embedded into services as part of normal business.

TB169/14 Audit Committee

Mr Moore presented the minutes of the meeting of the Audit Committee held on 12 June 2014. He highlighted the importance of ensuring that recommendations from Internal Audit Reports were implemented within agreed time frames.

Members noted the work continuing on the management of agency and locum staff and that an update on progress had been provided at September 2014.

Reference was made to the process for submitting minutes of Sub Committee meetings to Trust Board and it was agreed to clarify the position against Standing Orders.

TB170/14 Property Matters

(a) Tender for Minor Electrical Works

Members approved contracts to be awarded to undertake minor electrical works within facilities in the Northern and Southern sectors of the Trust for over the next three years, with a facility for a further year's extension.

(b) Lease for Salisbury House, Ballymena

Approval was granted for the Trust seal to be used on a renewal lease for the above premises to accommodate the elder care and home care teams. It was noted that these teams would transfer to the new Health and Care Centre when the building was completed.

(c) Decontamination Business Cases

The Chief Executive sought approval to submit to HSCB and DHSSPS two Outline Business Cases for Podiatry and Dental decontaminations when approved by the Executive Team later in the month.

This was agreed and the Business Cases would be approved by the Trust Board at their next meeting on 22 January 2015.

TB171/14 Date of Next Meeting

It was noted that the next meeting would be held on 22 January 2015 at 10.00am in Fern House, Antrim Area Hospital.