

**Minutes of a Virtual Trust Board meeting held on  
Thursday, 24<sup>th</sup> September 2020 at 11.30 a.m.**

**PRESENT**

Mrs R Brownlee, Chair  
Mr S Devlin, Chief Executive  
Ms G Donaghy, Non-Executive Director  
Mrs H McCartan, Non-Executive Director  
Ms E Mullan, Non-Executive Director  
Mr J Wilkinson, Non-Executive Director  
Mr P Morgan, Executive Director of Children and Young People's  
Services/Executive Director of Social Work  
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health  
Professionals

**IN ATTENDANCE**

Mr B Beattie, Acting Director of Older People and Primary Care  
Dr D Gormley, Deputy Medical Director (*for Dr M O'Kane*)  
Mrs J McConville, Assistant Director of Corporate Planning (*for Mrs Magwood*)  
Mrs M McClements, Interim Director of Acute Services  
Mr B McNeany, Director of Mental Health and Disability Services  
Mrs A Rutherford, Assistant Director Financial Services (*for Ms O'Neill*)  
Mrs V Toal, Director of Human Resources and Organisational Development  
Mrs J McKimm, Head of Communications  
Mrs R Rogers, Head of Communications  
Mr E McAnuff, Boardroom Apprentice  
Mr A Mirakhur, CPANI Mentoring Scheme, QUB  
Mrs S Judt, Board Assurance Manager  
Mrs S McCormick, Committee Secretary (*Minutes*)

**APOLOGIES**

Mr M McDonald, Non-Executive Director  
Mrs P Leeson, Non-Executive Director  
Mrs A Magwood, Director of Performance and Reform  
Ms H O'Neill, Director of Finance, Procurement and Estates  
Dr M O'Kane, Medical Director

## **1. CHAIR'S WELCOME**

The Chair welcomed everyone to the virtual meeting including the Assistant Directors and Deputy Medical Director deputising for their respective Directors. She also welcomed and introduced Mr Eoin McAnuff, Boardroom Apprentice 2020 and Mr Ajay Mirakhur, who is undertaking the Queen's University Post Graduate School Joint Mentoring Scheme in conjunction with the Commissioner for Public Appointments NI.

On behalf of the Trust, the Chair took time to express the great regret felt for the families who have lost loved ones during the recent Covid-19 outbreak and acknowledged the serious situation. She added the Trust takes its role and responsibilities very seriously and stated learning will be taken forward through the Independent Review process. She stated the Trust will be working hard to understand how such events happened and she commended staff as they continue to work together in challenging circumstances.

At this point the Chair was pleased to welcome five members of Trust staff from the Older People and Primary Care Directorate and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues. She stated that ways to improve Board effectiveness are constantly under review and feedback from Finance staff who attended the last meeting had been taken forward and Trust Board papers were being made available electronically one hour before the meeting via Sharepoint.

The Chair was pleased to welcome back regular public attendees to the meeting linking in via video conferencing. At this point she advised members regarding some aspects of virtual meeting etiquette.

## **2. DECLARATION OF INTERESTS**

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

## **3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE**

The Chair welcomed Dr Sharon McCloskey, Trust Bereavement Co-ordinator to the meeting to present on 'Supporting grieving people in the context of Covid-19'. At the outset, Mrs Trouton commended Dr McCloskey for her commitment in looking at the needs of patients and

their families in a compassionate way and working to improve the patient and client experience at this unprecedented time.

Dr McCloskey welcomed the opportunity to address Board members and explained her role in leading the delivery of Bereavement Care across the Southern Trust. She stated that within the period 23 March 2020 – 16 August 2020, 390 Acute and non-acute hospital Covid related deaths were recorded across the Southern Trust, translating into potentially 3510 bereaved people. Dr McCloskey went on to outline the serious impact Covid and non-covid related deaths are having on grieving families in these exceptional times particularly in terms of the lack of family presence and increased isolation due to social distancing regulations, along with restricted rights of mourning. Dr McCloskey took time to explain the correlation between distorted death and distorted grieving and the importance of families being able to address gaps in their knowledge and concerns in order to process their grief.

Dr McCloskey assured members the Trust has delivered a consistent bereavement outreach response to Covid-19, including drawing up revised guidance relating to care at the time of death and implementing new person centred care processes. Dr McCloskey went on to advise she has been supporting those families in the Covid-19 outbreak group and the key priority is to ensure the communication strands are robust to clinical teams and to governance colleagues coordinating the SAI.

Mr Wilkinson welcomed the presentation along with Dr McCloskey's work in this field and asked how learning can be shared. In responding, Dr McCloskey stated the Department of Health (DOH) has established a multi-agency working group on Bereavement and other contacts have been made through the Department of Communities and private sector, however there is still more to be done around wider engagement on the issue. Mr McNeany advised staff across the Trust have been engaging with the Public Health Agency (PHA) and a secondment position recently taken up within the Trust will look at progressing learning. Mrs McCartan acknowledged this was a vital service at a difficult time and said the model would be beneficial to regional counterparts. Dr McCloskey advised she was working closely with Bereavement co-ordinators in other Trusts.

In response to questions from the Chair around the timeliness of bereavement response to Covid-19 families and available resource capacity, Dr McCloskey pointed out all cases are individually based and upon contact families emergent needs are being addressed in a compassionate way. She assured members learning is being applied

from the first wave to improve the experience of families where possible. Dr McCloskey welcomed the assistance of re-deployed staff from within Nursing Governance who have strengthened the team and advised that discussion is underway with Mrs Trouton to seek additional investment for this much needed service which is envisaged to become stretched as a result of increased activity through the Helpline.

The Chief Executive commended the work led by Dr McCloskey and referred to the trauma of distorted death and distorted grief impacting society as a consequence. Dr McCloskey emphasised the importance of ensuring the fundamentals are in place to manage the delivery of patient care into the future and pointed out that the percentage of people who will experience complicated/traumatic grief and require specialist physiological intervention is expected to grow from a baseline of 7-10% to potentially 25% as a consequence of the pandemic.

The Chair thanked Dr McCloskey for the excellent insight into this vital service and asked Mrs Trouton to include a regular update within her Director of Nursing Report to Trust Board on how the Trust is supporting families affected by Bereavement.

#### **4. CHAIR'S BUSINESS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS**

The Chair drew members' attention to the written report detailing events the Trust Chair had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was also noted.

#### **5. CHIEF EXECUTIVE'S BUSINESS**

The Chief Executive presented his summary report for information purposes and drew particular attention to the update provided on the latest position since the Covid-19 outbreak. Members noted the key points and were advised there would be opportunity for further discussion later in the meeting under Item point 11i(a).

#### **6. MINUTES OF MEETING HELD ON 30<sup>TH</sup> JUNE 2020**

The minutes of the meeting held on 30<sup>th</sup> June 2020 were agreed as an accurate record and duly signed by the Chair.

**Board members approved the minutes of the meeting held on 30<sup>th</sup> June 2020**

## **7. MATTERS ARISING FROM PREVIOUS MEETINGS**

Members noted the progress updates from the relevant Directors to issues raised at the previous meeting.

### ***'Our Journey through Disability'***

In addition to the update provided, Mr Morgan advised that he had presented the report to the Health and Social Care Board (HSCB) and all other Trust Director colleagues have signed up to the recommendations and will look at how these will be included in the context of work being taken forward in relation to children with disabilities.

### ***Corporate Risk Register***

Members were advised that Covid-19 is in draft form on the Department of Health's Risk Register. Dr O'Kane will give a further update at the next meeting on 22<sup>nd</sup> October 2020.

### ***Action – Dr O'Kane***

## **8. STRATEGIC**

### **i) Summary of Capital and Revenue Proposals in excess of £300,000 (ST1025/20)**

Mrs McConville presented, for approval, a summary of proposals with a Capital/Revenue value greater than £300,000, that have been developed between the period 26<sup>th</sup> March – 24<sup>th</sup> September 2020.

Members noted each project has a risk management process in place to identify and seek to manage/mitigate any impact on successful delivery of the investments proposed.

The Chair referred to the revenue proposal for Learning Disability Transitions and asked if the placements have been developed. Mr McNeany advised placements for clients with complex needs continues to be a challenge, however there are placements for a significant number. The Chair asked about the roll out of Multi-Disciplinary Teams (MDTs) to practices within the Newry and District Federation of Family Practices (NDFFP) and if the Trust will be in a position to fill the staff posts. Mr Beattie advised 3 Investment proposals have been submitted and approved with Staff recruitment and commencement ongoing since confirmation of funding.

Members referred to the Capital proposal for Covid-19 additional beds. In regards to the timeframe for their procurement, Mrs McConville advised additional beds have been purchased.

**Board members approved the Summary of Capital and Revenue Proposals in excess of £300,000 (ST1025/20)**

**ii) Community Equipment Service – Evaluation of the implementation of the Hybrid Service Model**

At the outset, the Chair reminded members that in January 2020, Trust Board agreed to progress the implementation of a Hybrid Service Model, by introducing a change to the existing Community Equipment Service (CES) Voucher Scheme for simple aids and equipment. Mr Beattie referred members to the written summary and advised that to date, the two phased approach, namely the expansion of Sub-Store capacity throughout the Trust and the Retailer and Home Delivery Service has delivered well against the projected benefits. However, due to the impact of the current pandemic on the project, he advised it had not been possible to progress all aspects of the evaluation and it was hoped to move this forward post pandemic.

Mrs McCartan asked if the BSO projected savings for spend on stock within the hybrid store for the financial year 2020/21 of £291,467 was unrealistic. In responding, Mr Beattie acknowledged this initial evaluation was based on unit cost savings and efficiencies at the level of stock issued activity throughout the 2018/19 financial year without the impact of Covid-19. Information is awaited from BSO to evaluate the efficiencies and cost savings further.

Ms Donaghy welcomed the progress against implementation to date and in light of public interest around the issue at previous Trust Board meetings and the vital role played within the community, she asked what checks and balances are in place to evidence the model is working. Mr Beattie assured members Phases 1 and 2 have been implemented, the BSO Home Delivery is up and running and commenced simultaneously with new Hybrid Retailer Voucher Scheme in January 2020. A service user survey is conducted at the end of each month and retailers have indicated they are content with the equipment and delivery.

The Chair stated it was important to keep the model under review and requested that a progress update on the evaluation would be provided to Trust Board in 6 months. Mr Wilkinson noted concern at leaving further

evaluation until after Covid-19 and stated he would like to see this undertaken as soon as possible.

### **Action – Mr Beattie**

At this point, the Chair welcomed Ms Michelle Gildernew, MP, Sinn Fein to the meeting and asked if she had any comments to make, in light of her previous attendance at Trust Board when this issue was discussed. Ms Gildernew welcomed the opportunity to speak and directed her comments to the presentation by Dr McCloskey on, ‘Supporting grieving people in the context of Covid-19’ and referred to the alarming evidence of distorted deaths and grief as a result of the pandemic. She emphasised this was a huge societal issue and asked if families were being signposted to the right support. The Chief Executive concurred and provided assurance that the Trust is working in partnership with other agencies to support families through their grief. Mrs Trouton advised that each case is given a personalised response with signposting to the appropriate support, along with follow up calls and home visits were necessary. Ms Mullan pointed out that this issue has wider implications beyond Health and Social Care.

*The Chair advised Items 9 – 10ii will follow later on the agenda*

## **11. PATIENT/CLIENT SAFETY AND QUALITY OF CARE**

### **i) COVID-19 update**

#### **a) CAH Outbreak**

At the outset, the Chair welcomed and introduced Dr Sara Hedderwick, Consultant in Infection, Prevention and Control, (IPC) to the meeting along with Mrs Trudy Reid, Interim Assistant Director Clinical and Social Care Governance/IPC.

At this point, the Chief Executive referred members to the Chief Executive’s business item on the agenda which provides a detailed update on the recent Covid-19 outbreak. He reported that sadly 11 patients have died as a result of Covid-19 related illness within wards/departments of Craigavon Area and Daisy Hill Hospitals. Members noted i) the affected wards, ii) the number of patients and staff who had tested positive and iii) the measures implemented by the Trust to assure safety at both hospital sites. Mr Devlin went on to state that as Chief Executive of the Trust, he wished to put on record how sorry he was for the 11 families who have lost loved ones during the outbreak and he gave

a commitment that through the Serious Adverse Incident (SAI) process the Trust will learn and the learning will be shared across the region.

Dr Hedderwick presented a high level overview of how Covid-19 has spread and how the Trust is responding. Members noted the strategy implemented by the Trust to reduce transmission following the first wave. At this point, Dr Hedderwick referred to the rise in infection rates in Northern Ireland in late August 2020 and gave some detail on contributing factors to this before guiding members through a timeline leading to the first outbreak case. Members welcomed the comprehensive mitigation measures put in place in response to the outbreak. In concluding her presentation, Dr Hedderwick recorded thanks to Board members for their support during the ongoing pandemic and outbreak period and welcomed the investment in IPC.

The Chief Executive advised that in relation to the SAI review, the Chair and Deputy Chair have been appointed. He agreed to keep the Trust Board updated as work progresses.

Ms Mullan asked about the Trust's engagement with the families and how the Trust was supporting them. In responding, Mrs McClements assured members engagement with families was ongoing throughout the patients' care and emphasised that the building of relationships was key. She stated that a decision was taken through the collective leadership model early in the patient journey that the immediate contact should be the Consultants. Mrs McClements also referred to the work undertaken through Bereavement support, headed up by Dr McCloskey, and advised the Chief Executive has personally written to the families. Ms Mullan asked about staff support to which Mrs Toal spoke of the proactive way the Psychology Support service was reaching out to staff at this time with additional support being put in place where required.

Mr Wilkinson asked if the Trust was adequately resourced and if Personal Protective Equipment (PPE) was effective. Dr Hedderwick stated that she was content that the PPE was right, however, she spoke of the need to continue to empower staff to use PPE properly and continue to socially distance. In terms of resourcing, Dr Hedderwick advised the biggest challenge at present is that staff are tired and need a rest. Mrs McClements highlighted the challenges within the Trust Estate to isolate patients and raised the need for capital investment. The Chair concurred and reminded members she has lobbied at length with the Minister and the Department and emphasised the need for advances across the Estate to assist IPC issues. Ms Donaghy also referred to Infrastructure and in addition asked about Agency nurses. Mrs Toal outlined the



current workforce challenges, the need to relocate staff to cover and the associated requirement to supplement staff. She acknowledged this brings significant risks and stated the importance of identifying key learning. Mrs Toal went on to advise she continues to engage with other Trusts and agencies to reinforce processes such as donning and doffing to minimise risk. She acknowledged the risks with increased movement and advised the Trust has written to medical and nursing agencies. Work is also progressing on contract tracing. She assured members learning is being progressed quickly.

The Chair noted that the Trust was doing its utmost to curtail the outbreak. The Chief Executive advised that later that day, the Trust will share learning from the Covid-19 outbreak across the region. The Chief Executive assured members progress is being made regarding testing and controls are in place in preparation for a second surge.

The Chair asked if any correlation between cases in Haematology and those in Male Medical has been identified. Dr Hedderwick advised she was not aware of any links and spoke of the increasing difficulty in monitoring transmission, with figures in England recording 1 in 8 people admitted to hospital contracting the virus. In drawing the item to conclusion, the Chair assured Dr Hedderwick of Trust Board's continued support and commended her for her excellent work and that of the IPC team.

## **b) Summary of Offers of Assistance to SHSCT arising from Covid-19**

Mrs Rutherford presented a summary on the gifts, donations and offers of assistance to the Trust during the Covid-19 pandemic and assurance over the process for managing these. She pointed out that in total, 521 offers were recorded by the Trust during the period April – July 2020 with the most significant being those of Personal Protective Equipment (PPE) and Monetary donations.

At this point, Mrs Rutherford explained the key role of the Covid Information Hub and advised every offer of assistance received was acknowledged and thanked through the hub team. Due to the huge number of monetary donations, members noted a new Covid-19 fund was set up in the Trust's Charitable Trust Funds from 1 April 2020. Work is ongoing to ensure the balance held is invested appropriately and spent in full by year end 2020/21. To ensure transparency, activity on this fund will be reported through the Endowments and Gifts Committee in line with normal practice.

In response to questions from Mrs McCartan and Ms Donaghy, members were advised thanks to staff and the public for gifts received during Covid-19 had been communicated through the Trust website. The Communications Team indicated they would ensure wider publication of the detail included within the summary report.

In conclusion, Ms Mullan recorded her appreciation to all staff for the work undertaken throughout the Covid-19 outbreak.

*Ms Mullan left the meeting at this point*

## **ii) Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2019/20 (ST1030/20)**

At the outset, the Chair welcomed Ms Leyden, Assistant Director of Children and Young People's Services, Mr Millar, Head of Social Work Governance and Ms Lavery, Directorate Lead Social Worker, Mental Health and Disability Services to the meeting.

Mr Morgan, Executive Director of Social Work, presented the above-named report for approval. In moving towards the document having a more outcome focused approach, members were advised of a number of changes implemented by the Health and Social Care Board in areas including, Adult Safeguarding and Hospital Social Work. Mr Morgan pointed out the report included learning and reflection along with a greater focus on workforce and staff retention. Mr Morgan stated the document provides assurance regards levels of compliance across the programmes of care. At this point, Mr Morgan recorded thanks to Operational Director colleagues for information submitted from across their Directorates and added learning from all Trusts will assist in shaping the report into the future.

Ms Leyden delivered a comprehensive presentation setting out the key challenges within the report across Directorates and also highlighted a number of key corporate themes including, i) rise in referrals, complexity and demand across all programmes of care, ii) capacity to meet demands for Mental Capacity Act (MCA) and iii) ongoing recruitment pressures and the impact on the timeliness of service and supervision structures.

Discussion ensued and the Chair highlighted the overriding theme within the report of staff shortages across all programmes of care and asked if this was one of the highest risk factors. Mr Morgan acknowledged this, stating that some issues had been evident pre Covid, however the Trust continues to be challenged. He advised of work in conjunction with the

Governance team on individual pieces of work within Older People and Primary Care and Mental Health and Disability together, looking at shortfalls and recruitment in terms of social work and social care and advised plans are in place to improve. The Chair continued by asking for a comparison on the HR shortages against the prior year position. In responding, Mr Morgan referred firstly to the Mental Health Capacity Act and welcomed the funding secured, however added challenges remain in this area. He referred also to the transformation programme and outlined various operational and workforce issues, emphasising the lack of resources available to assist with meeting these demands. In addition, Mrs Toal spoke of significant difficulties over the last 12 months in trying to strengthen the recruitment processes and collectively these challenges impact the ability to fill the increasing workforce gaps.

Speaking about Mental Health and Disability, Mr McNeany noted the significant impact the developing role of Primary Care Multi-disciplinary teams were having on the workforce with staff leaving core Mental Health and Disability Services to take up posts with the GP Federation. In addition, Ms Kathy Lavery who has been appointed Lead Social Worker within the Directorate's Collective Leadership structure, was undertaking an important piece of work reviewing how roles are currently structured at Team Leader, Safeguarding lead and Approved Social Worker level. This piece of work will assist in securing an appropriate mix of Social Workers and other professional groups across the Directorate into the future.

In relation to safeguarding, on behalf of Ms Mullan, Mr Wilkinson asked why the data referring to investigations commenced was not matched in the figure for investigations completed and if this signified that work had not been undertaken. Mr McNeany highlighted that prior to responding to any specific query regarding safeguarding numbers outlined in the DSF report, that the Trust has introduced the Safeguarding Module on the PARIS system this year. There has been inevitably some issues in relation to data being recorded in both manual and electronic formats. Teams are slowly improving their recording of safeguarding data on PARIS as they become acquainted with the new system. Mr McNeany referred members to figure 6.5 and stated that this figure (67) provided him with reassurance that the required safeguarding investigation was either underway or complete as 67 care and protection plans were commenced within the period. He was assured therefore that plans were appropriately put in place to safeguard these individuals.

Mr Wilkinson also referred to the Approved Social Work (ASW) applicant report and noted this was completed outside the standard 5 working days. He asked if this had caused any harm to the patient as a result. Mr

McNeany assured members that the individual did not come to harm. He acknowledged that the report was outside the timeframe as a result of good practice, which followed a person centred approach.

Mr Wilkinson asked for some further detail around the introduction of PARIS and if it had added to staff anxieties? Mr McNeany agreed that in common with the implementation of all new modules, there has been an element of anxiety, but that on-going support is available through the safeguarding team, the team leader and peers.

Mrs McCartan highlighted the breadth of information contained within the DSF report and asked the Chief Executive if a more focused discussion at sub Committee level could be considered in order to look deeper at the challenges and risks to the Organisation; however she acknowledged the requirement for formal Trust Board approval of the report. The Chief Executive agreed to discuss the matter further with Mr Morgan.

Mrs McCartan welcomed the corporate themes and challenges in terms of the individual Directorates included within the opening presentation as extremely helpful. She drew members' attention to page 158 of the Muckamore Abbey Hospital (MAH) Report, which highlights amongst other conclusions/recommendations, the lack of outcome data within the DSF as concerning and emphasised the enormous challenges the organisation is facing in discharging its responsibilities particularly in light of the MAH findings.

### ***Action – Chief Executive / Mr Morgan***

On behalf of Mrs Leeson, Mrs McCartan asked if there are plans in place to increase the number of case managers within Community Disability Teams. Mr McNeany advised this was under review in light of work undertaken recently around a review of the case management system within mental health and learning and physical disability services. Case Management encompasses a very wide ranging role and Mental Health and Disability are currently in discussions about streamlining the case management role to ensure it is more clearly defined and allows greater professional autonomy for both Social Work and other multi-disciplinary team colleagues.

Mrs Donaghy asked about the key challenges within Older People and Primary Care, particularly in terms of Domiciliary and residential care workforce issues and asked how the constant pressures of increased residential care are managed. In responding, Mr Beattie referred to figures on page 146 of the report, demonstrating 6,226 active cases in

receipt of social work or social care services across the Trust as at 31 March 2020 and emphasised the associated demands on Social Workers. He updated members regarding significant investment within the Integrated Care Teams (ICTs) through demography money, alongside making better use of PARIS, to ensure systems and processes are streamlined. Mr Beattie advised regular recruitment for Domiciliary Care staff is ongoing. Ms Donaghy asked about the reliance on agency and part-time temporary staff. In responding, Mr Beattie set out some comparative figures, advising that in regards to the Trust Domiciliary Care service, there was no particular reliance on agency in terms of Residential Care with the Domiciliary Care service, however within the Independent Sector (IS), there could be some reliance on agency workers.

In relation to Children and Young People's Services (CYPS), Mr Wilkinson asked Mr Morgan what principles guided decision making in terms of resource allocation against the numerous competing interests, specifically within Child and Adolescent Mental Health Services (CAMHS). In responding, Mr Morgan advised of the constant challenges within many services across the Directorate and stated in addition to seeking additional resources from the Commissioner for unallocated childcare cases, for example, it was important to be innovative and he referred to the 'Signs of Safety' project being rolled out across family intervention teams.

Mr Wilkinson asked for an update on the Family Intervention Team (FIT) to which Mr Morgan provided an update. He spoke of the significant work undertaken, however the Trust continues to be challenged in terms of recruiting staff into FIT. Mrs Toal highlighted this as an example of the approach the Trust needs to take in terms of a compassionate leadership approach.

In light of time constraints the Chair referred to a number of areas within Appendix 1, Southern Trust Corporate Adult Safeguarding Blueprint and highlighted challenges around timely referrals and stated she would raise these with Mr Morgan following the meeting.

In conclusion, the Chair thanked Ms Leyden for a very informative presentation and extended her appreciation to all staff involved in the compilation of this report.

**The Board approved the Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2019/20 (ST1030/20)**

## 9. OPERATIONAL PERFORMANCE

### i) Human Resources Report

Mrs Toal presented the follow up paper to the initial report presented in June 2020. This focuses on feedback from staff and learning gleaned from the provision of the Psychology Staff Support Service during the Trust's response to Covid-19. It also reflects key messages from staff which can be used to enhance the development of the Trust's People and Organisational Development Strategy. Mrs Toal pointed out the immediate challenge within the Staff Support Service is that it continues to be resourced with only one Consultant Clinical Psychologist in Occupational Health (OH). There is also significant pressure across the Trust in terms of the ongoing need to balance service delivery for patients/service users with the support needed for staff wellbeing during the recovery phase and move into a second surge phase. Mrs Toal emphasised the importance of maintaining the Staff Support Service and also highlighted the need for additional Psychology support from across service directorates, whilst recognising the need to ensure delivery of psychology services to service users.

In the longer term, Mrs Toal spoke of the importance of considering how the Trust looks after staff, going forward. She spoke of the importance of developing a compassionate culture and stated that work will be progressed around supporting and developing leaders to embody HSC values and ultimately to develop a resilient workforce.

The Chair asked about further investment in this area to which the Chief Executive pointed out the issue was more around securing the right skill set to deliver the service given the challenges with the Psychology workforce. Mrs Toal concurred with these comments and explained the skills shortages within the Psychology workforce, however advised that she had made application for investment from NHS Charities and funding of £50k has been secured in year to support the Clinical Psychologist for staff wellbeing.

The Chair commended the important work of this service in looking after the Health and Wellbeing (HWB) of staff and requested that an update be provided to a future meeting on the next phase of staff support.

***Action – Mrs Toal***

Mrs McCartan welcomed the provision of therapeutic support outlined on page 9 and suggested there maybe scope to use Charitable Trust Funds for further support for staff in light of the challenges with the Trust Estate. Mrs McCartan also welcomed the key learning points outlined by the Clinical Psychologist in Occupational Health within Acute Services particularly in terms of her feedback to the senior team on key wellbeing issues for staff in her Directorate.

*Mr Beattie left at this point*

## **10. BOARD COMMITTEES**

### **i. Performance Committee**

– **Minutes of meeting held on 21<sup>st</sup> May 2020 (ST1026/20)**

On behalf of Mrs Leeson, Ms Donaghy presented the minutes for approval and highlighted the key discussion points.

**Board members approved the minutes of the meeting held on 21<sup>st</sup> May 2020 (ST1026/20)**

– **Terms of Reference (ST1027/20)**

Ms Donaghy presented the Committee Terms of Reference for approval.

**Board members approved the Terms of Reference (ST1027/20)**

– **Committee Work Plan 2021 (ST1028/20)**

Ms Donaghy presented the Committee Work Plan 2021 for approval.

**Board members approved the Committee Work Plan 2021 (ST1028/20)**

### **ii. Governance Committee**

– **Minutes of meeting held on 14<sup>th</sup> May 2020 (ST1029/20)**

On behalf of Ms Mullan, Mr Wilkinson presented the minutes for approval and highlighted the key discussion points.

**Board members approved the minutes of the meeting held on 14<sup>th</sup> May 2020 (ST1029/20)**

**12. RURAL NEEDS ANNUAL MONITORING RETURN TO DEPARTMENT OF AGRICULTURE ENVIRONMENT AND RURAL AFFAIRS (DAERA) (ST1032/20)**

Mrs McConville advised of the mandatory requirement upon HSC Trusts to record, co-ordinate and monitor Rural Needs Assessment Activity. Members noted the return provides information on any new/change to policies/services within all Directorates and lists only those which would have a potential rural impact. Mrs McConville explained the return for the period 1 April 2019 – 31 March 2020 is Nil, however pointed out there are a number of Rural Needs Impact Assessments currently underway which will be reported in due course including the Trust Covid-19 Response and the Rebuild Plans.

Mrs McConville advised Trust Board are required to approve the Annual Monitoring Return on Rural Needs prior to submission to DAERA.

The Chair clarified that previously the return has been reported to Trust Board as part of the Section 75 report and this was the first occasion the document was being presented as a stand-alone report.

**The Board approved the Rural Needs Annual Monitoring Return to Department of Agriculture Environment and Rural Affairs (DAERA) (ST1032/20)**

**13. BOARD GOVERNANCE SELF-ASSESSMENT TOOL 2019/20 (ST1032/20)**

The Chair reminded members the tool had been extensively reviewed by Non-Executive Directors and the Senior Management Team (SMT) separately and then collectively discussed and agreed at a Directors' Workshop on 27<sup>th</sup> August 2020. A case study was completed on the Board's governance during Covid-19. Members agreed the RAG ratings applied.

**The Board approved the Board Governance Self-Assessment Tool 2019/20 (ST1032/20)**



**14i. PROPOSED MEETING DATES 2021 (ST1033/20)**

A list of proposed dates for meetings during 2021 was considered and agreed by members. Meetings will continue to be held virtually in light of the current social distancing restrictions.

**Board members approved the meeting dates for 2021 (ST1033/20)**

**14ii. TRUST BOARD ANNUAL PLAN OF BUSINESS 2021 (ST1034/20)**

The Chair presented for approval, the Trust Board Annual Plan of Business for the calendar year 2021.

**The Board approved the Annual Plan of Business 2021 (ST1034/20)**

**15. APPLICATION OF TRUST SEAL (ST1035/20)**

Ms Rutherford sought retrospective approval for the Application of the Trust Seal to contract documentation as outlined in members' papers.

**The Board approved the Application of the Trust Seal (ST1035/20)**

**16. ANY OTHER BUSINESS**

The Chair asked the Executive Directors of Medicine, Social Work, Nursing and Finance if there were any other issues relating to their professional roles they wished to bring to the Board's attention. There were none noted.

In conclusion the Chair noted thanks to all members for their participation in the virtual meeting.

***The meeting concluded at 15.40 p.m.***

**SIGNED: \_\_\_\_\_**

**DATED: \_\_\_\_\_**