

**Minutes of a Virtual Trust Board meeting held on
Thursday, 30th September 2021 at 10.15 a.m.**

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr C McCafferty, Interim Director of Children and Young People's Services
/Executive Director of Social Work
Dr M O'Kane, Medical Director / Interim Director of Mental Health and
Learning Disability Services
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Interim Director of Older People and Primary Care
Mrs M McClements, Director of Acute Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McConville, Assistant Director of Corporate and Capital Planning (*for Mrs
Magwood*)
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mrs S McKinney, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES

Mrs H McCartan, Non-Executive Director
Mrs A Magwood, Director of Performance and Reform

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting including Ms Catherine Teggart who was recently appointed as Director of Finance, Procurement and Estates, Mr Colm McCafferty who was recently appointed as Interim Director of Children & Young People's

Services / Executive Director of Social Work and Mrs Janet McConville deputising for Mrs Magwood.

The Chair also welcomed Mrs Susan McKinney to her first public Trust Board meeting as the Boardroom Apprentice 2021 and three members of Trust staff from the Medical Directorate.

Regular public attendees were also welcomed to the meeting.

The Chair reminded everyone regarding some aspects of virtual meeting etiquette and the business of the meeting proceeded.

2. DECLARATION OF INTERESTS

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

3. CHAIR'S REMARKS

The Chair spoke of the sustained pressure the health and social care system has been under due to Covid-19 and welcomed measures to alleviate the situation such as green pathways, military assistance and greater public discussion on vaccine passports.

4. CHIEF EXECUTIVE'S EMERGING ISSUES

The Chief Executive informed members of a number of emerging issues.

– Serious Adverse Incident Review

The draft Independent SAI review into the clusters of Covid-19 in Craigavon and Daisy Hill Hospitals is now being shared with the families. The Chief Executive advised that further engagement will be facilitated over the coming weeks before the report is finalised. The report will then be signed off by the HSCB (Health and Social Care Board) prior to publication.

– Urology Review

The Chief Executive informed members that the Inquiry Team has now been appointed and the Terms of Reference have been agreed which were included within his Chief Executive's report.

– Trust Management Structures

The Chief Executive stated that with the recent retirement of a number of senior post-holders, learning from the pandemic and a number of other drivers, he has started a review of the management structures to maximise the opportunities for collective leadership of the organisation into the future. He explained that Senior Managers are currently in the design phase of the review with facilitated structured conversations taking place to help define a proposed model. It is hoped that the design phase will be completed by the middle of October and recruitment will begin thereafter. An update on the structure will be presented at the next meeting.

Action: Chief Executive

Winter pressures were discussed. The Chief Executive commented that the Trust is working in partnership with the HSCB and DoH (Department of Health) to formalise a winter plan for 2021. He spoke of the capacity gaps and reduced number of resources available to meet the demand. The Chief Executive added with the increase in admissions of Covid patients, flow in the hospital system is under huge pressure. He further added that the number of domiciliary care packages available in the community is having a significant impact on patient discharges from the hospital. The Chief Executive advised that this is a regional issue faced by all Trusts and that anything that the public can do to assist the reduction of Covid-19 admissions and release the pressure on the system and staff would be welcome.

Mr McDonald referred to the difficult Winter period ahead and asked for an indication of the number of bed shortages. The Chief Executive spoke of the bed modelling by the DoH, however stated that this can change on a day to day basis and advised that Craigavon and Daisy Hill Hospitals already have a capacity gap of between 30 – 60 beds. He clarified that until the HSCB and DoH approve the plan he is unable to provide an accurate figure. The Chief Executive detailed the impact that covid patients admitted into the hospital has a detrimental impact on the number of available ICU beds and how this affects the elective surgery lists. He stated that an important part of the Winter Plan is dealing with time critical cancer patients. The Chief Executive reiterated the importance of the public following covid guidelines to help reduce the spread and admissions to hospital.

In response to a question asked by Ms Donaghy on green pathways and elective surgery sites, the Chief Executive spoke of the difficulty of

releasing staff from ICU. Mrs McClements added that the Trust continues to have trauma and emergency lists in place; however these are significantly reduced compared to pre-covid. She noted that if green pathways were sustainable, she could potentially see the growth in DHH site to achieve this.

Mr Justin McNulty, MLA SDLP commented that he was concerned by the Chief Executive's information on the current covid situation and stated that he was angry at the delay with the Covid passport issue and asked the Chief Executive for his view on Covid passports. The Chief Executive responded by saying that anything that can impact and reduce the number of covid positive cases, the spread in transmission and admissions to hospital, he would support as a Chief Executive. The Chair concurred with the Chief Executive's comments about supporting all options to reduce covid rates.

5. MINUTES OF MEETING HELD ON 17TH JUNE 2021

The minutes of the meeting held on 17th June 2021 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 17th June 2021.

6. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the progress update from the relevant Director to issues raised at the previous meeting.

STRATEGY

7. CORPORATE PLAN 2021-2022 (ST1066/21)

Mrs McConville presented the Corporate Plan 2021-2022. She advised that in response to the past year's extraordinary circumstances due to Covid, it has been agreed to roll forward the existing Corporate Plan 2017-2021 to cover a further year 2021/22, to enable further achievement and implementation of outstanding key actions at both corporate and operational levels within the organisation. She explained that the document sets out the year five Management Plan actions for 2021/22 at corporate level and within each of the service directorates and commences engagement on the development of a new Corporate Plan April 2022 which will focus on and include the People and Safety, Quality and Experience Plans.

Mrs McConville spoke of the challenges faced, in particular the ongoing management of the Covid pandemic response, strategic alignment of regional plans (DoH request to align to Programme for Government (4 year cycle) could signal further 2022/23 roll forward) and the New Planning Framework. She also referred to the uncertainty in the financial context and the associated potential impact on deliverability of the Trust's plans, particularly the investment which will be necessary to sustain transformation, Covid and No More Silos initiatives. Furthermore, the challenges with workforce issues are consistent across all Directorates.

Mr McDonald stated the need for a new modern acute hospital on the CAH site as the current infrastructure is outdated and asked if there is movement on the capital spend to address this. Mrs McConville advised that the Trust has been asked to re-submit its 10 year capital priority plan and the outcome is awaited. She added that whilst the Trust has received £8.7m in year to undertake remedial works on the CAH site major capital investment is still required for the site wide redevelopment plan.

Mr Wilkinson referred to the Older People and Primary Care Directorate management plan and spoke of the importance of keeping patients and service users within their own community as it will benefit them while releasing hospital beds and asked how the Trust will continue to pioneer for increased domiciliary care packages and Acute Care at Home. Mr Beattie spoke of the pressures in the system in respect of securing domiciliary care providers to deliver care packages to service users. In an attempt to create domiciliary care capacity the Trust continues to increase its recruitment exercises to employ additional staff. The Trust is also working with regional colleagues to identify any measures that could be taken to help sustain Independent Sector domiciliary care providers at this time. Mr Beattie also advised that the Trust is part of the regional Social Care Procurement Board that will eventually bring forward a re-tendering exercise for domiciliary care providers.

In response to a question asked by Ms Donaghy on GP Out of Hours (GPOOHs), Mr Beattie spoke of the significant challenges faced by the service, including the reduced number of GPs working in the service and how this impacts on the Trust's ability to secure locum cover. He advised that the Trust is awaiting the in-year review by the Health and Social Care Board of Integrated Urgent Care Services to see how GPOOHs services will be delivered going forward.

The Board approved the Corporate Plan 2021-2022 (ST1066/21)

8. SUMMARY OF CAPITAL & REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1067/21)

Mrs McConville presented the above named report which provides a summary of proposals with a capital / revenue value greater than £300,000 that have been developed between the period 25th February 2021 – 30th September 2021. All proposals have been approved via the Strategic Investment Committee internal approval process prior to funding being committed. 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.

Mrs McConville reported that there are 13 revenue proposals from £300,000 - £1million, 3 revenue proposals greater than £1million and 3 capital proposals from £300,000 - £1million and the detail of each proposal was included in the report.

Mrs Leeson welcomed the investment in Perinatal Mental Health service and Peripatetic Support Team for Residential Children's Homes and noted that this support for Residential Children's Homes will be of great benefit to the young people.

In response to a question asked by Mr McDonald in relation to funding for demography, the Chief Executive felt that the Trust has not been allocated the correct demography funding per capita. He added that the DoH is aware of the Trust's concern and that Ms Teggart will approach the DoH to discuss the way forward to address this significant issue.

The Board approved the Summary of Capital & Revenue Proposals in excess of £300,000 (ST1067/21)

9. INFECTION PREVENTION CONTROL

Dr O'Kane presented the Infection, Prevention and Control report which provides Trust Board with an update on progress of the Infection Prevention and Control Strategy 2018 to 2021. She reminded members that the strategy was a 10 point plan addressing: leadership, culture, communication and candour, clean hands, clean place, isolation, antibiotics, learning, audit and closing the loop.

Dr O’Kane reported that progress against the elements for improvements within the 3 year strategy was progressing when the Covid-19 pandemic occurred. Due to this, the Infection Prevention and Control Team (IPCT) and microbiologists had to focus on the prevention and management of Covid-19, to help prevent transmission. This resulted in a number of services being temporarily reduced and/or suspended which included, some proactive audit and training, augmented care meetings, post infection reviews, C. difficile ward rounds, non COVID guideline development, development of a programme to reduce Gram negative bacteraemias, significant amounts of the antimicrobial stewardship and OPAT. Dr O’Kane reported that every effort was made by the IPCT to progress various elements of the strategy.

Dr O’Kane stated that the pandemic has magnified many of the risks the IPC strategy was developed to address, including the constraints of the hospital estate which does not meet the current standards in Health Building Notes (HBN) and Health technical memoranda (HTM), bed capacity, laboratory testing capacity, training and environmental cleaning etc. She added that despite the Covid pandemic, progress with the strategy continued, but further work is required. The experience of the Covid 19 pandemic and reviewing all recent national and international infection prevention and control strategies will inform the next Infection Prevention and Control strategy encompassing Antimicrobial Stewardship and OPAT with a quality improvement approach and measurable outcomes.

Dr O’Kane noted her concern that an unintended consequence of the pandemic has increased the number of Clostridium Difficile (C.Diff) cases within the Trust. She felt that this was due to delays in surgical intervention and current waiting times which have increased the use of repeated antibiotic prescribing.

In relation to estates issues, Dr O’Kane reported that the IPCT have worked with operational and estates teams to review the best use of funding to help reduce Health Care Associated infections by improving ventilation in key areas and the provision of isolation facilities. Plans are in place to develop a respiratory ward with mechanical ventilation, place doors on bays of all wards, and some additional mitigation works in the Acute Medical Admissions ward and the Emergency Department.

In replying to a question asked by Mr Wilkinson, Dr O’Kane explained that the IPCT is understaffed and spoke of the challenges in recruiting and attracting staff to the team as it is a specialised area which requires

additional training. She noted that the team has links with counterparts in the UK for information and support. She welcomed Dr Damani's (World Health Organisation advisor) valuable input into the team during the pandemic, however she added that additional investment into the IPCT would be needed.

The Chair welcomed the report and noted that the team have been under immense pressure during the pandemic and asked if their health and wellbeing is monitored. Dr O'Kane commented that the team is supported by Trudy Reid, Assistant Director IPC, the Microbiologists and the psychology service. The Chief Executive added that the Trust has the lowest number of MRSA and C.Diff cases in the region and thanked the IPCT for their hard work and dedication to achieve this. He stated that further investment into IPC is required and a proposal to address this will be produced for consideration by SMT.

ACCOUNTABILITY

10. PERFORMANCE COMMITTEE

– **Committee Chair Report from 20th May 2021**

Mrs Leeson presented her Committee Chair Report from the meeting held on 20th May 2021.

– **Minutes of meeting held on 20th May 2021**

Mrs Leeson presented the minutes of the Performance Committee meeting for information purposes.

11. ENDOWMENTS & GIFTS COMMITTEE

– **Committee Chair Report from 15th June 2021**

Ms Donaghy presented her Committee Chair Report from the meeting held on 15th June 2021.

– **Minutes of meeting held on 22nd March 2021**

Ms Donaghy presented the minutes of the Endowments and Gifts Committee meeting for information purposes.

– **Committee Annual Report 2020/2021 (ST1068/21)**

Ms Donaghy presented the Annual Report 2020/21 for approval.

The Board approved the Endowments and Gifts Committee Annual Report (ST1068/21)

12. AUDIT COMMITTEE

– **Committee Chair Report from 15th June 2021**

In the absence of Mrs McCartan, Mr McDonald presented the Committee Chair Report from the meeting held on 15th June 2021.

– **Minutes of meeting held on 6th May 2021**

Mr McDonald presented the minutes of the Audit Committee meeting for information purposes.

– **Committee Annual Report 2020/2021 (ST1069/21)**

Mr McDonald presented the Annual Report 2020/21 for approval.

The Board approved the Audit Committee Annual Report (ST1069/21)

13. PATIENT & CLIENT EXPERIENCE COMMITTEE

– **Committee Chair Report from 17th June 2021**

Mr Wilkinson presented his Committee Chair Report from the meeting held on 17th June 2021.

– **Minutes of meeting held on 4th March 2021**

Mr Wilkinson presented the minutes of the Audit Committee meeting for information purposes.

– **Committee Terms of Reference (ST1070/21)**

Mr Wilkinson presented the Annual Report 2020/21 for approval.

The Board approved the Committee Terms of Reference (ST1070/21)

14. BOARD GOVERNANCE SELF-ASSESSMENT TOOL 2020/21 (ST1071/21)

The Chair advised that at the Board Workshop on 28th August 2021, members discussed the self-assessment in depth and reflected on how the Board could improve its effectiveness. Evidence to support ratings was considered at the Workshop and further strengthened in some places. A Case Study on organisational culture change was completed. Members acknowledged that developing and delivering the desired changes in culture is an ongoing process and that assurances will be provided in various formats to Trust Board. Members considered and agreed to the RAG ratings applied. The Chair advised that there is no

requirement to submit the completed self-assessment to the Department of Health.

The Board approved the Board Governance Self-Assessment Tool 2020/21 (ST1071/21)

15. UPDATED SHSCT BANK MANDATE (ST1072/21)

Ms Teggart presented the updated banking mandate for the Trust. She advised that following changes in Trust personnel and in accordance with Bank of Ireland compliance measures around customer and account governance, the Trust mandate is due for review by 30 September 2021. In accordance with Section 6 of the Standing Financial Instructions for the Trust, Ms Teggart sought approval from Trust Board members.

The Board approved the Updated SHSCT Bank Mandate (ST1072/21)

16. PROPOSED MEETING DATES 2022 (ST1073/21)

Members discussed the Board meeting dates for 2022

The Board approved the Proposed Meeting Dates 2022 (ST1073/21)

17. APPLICATION OF TRUST SEAL (ST1074/21)

Ms Teggart sought 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 (ST1074/21)

CULTURE

18. CULTURE FRAMEWORK / PEOPLE PLAN

The Chief Executive gave a presentation on the people plan and culture and reported that the Trust Board and SMT have a responsibility to develop a clear framework and plan to move out of survival mode in relation to the Covid-19 pandemic and into a functioning organisation that is focused on delivering services for the whole of the southern area population.

The Chief Executive explained that the recovery plan will include: People Plan, Safety, Quality and Experience (SQE) Plan and the Corporate Plan which will be the Trust's focus for 2021/22. He guided members through the presentation highlighting the timeline of the pandemic and the actions required to move the organisation forward. The Chief Executive referred to Mr Mike West who is a leader in collective and compassionate leadership who asks '*What is the research telling us, what are our people telling us and what are we seeing?*' and stated that all three of these elements will help inform the People Plan. He reported that a Board workshop was held on 7th September 2021 when members discussed People Plan in depth and further engagement is planned with relevant parties in October before the plan will be presented at the Trust Board meeting in October 2021 with formal launch in April 2022.

Regarding the People Plan, the Chief Executive stated that the three main elements that the plan will focus on will be the wellbeing of our staff, ensure that people feel a sense of belonging in our Trust and growing for our future. He felt that these three elements will help individuals improve their skills and confidence which will benefit patients and service users. The Chair welcomed this approach and commented that the wellbeing of staff is significantly important.

Mr McDonald mentioned the fact that the Trust is reliant on non-recurrent funding and having a 3 year budget in place to address the corporate plan would provide additional assurances that services and job security will continue to grow. Mr John O'Dowd, MLA, Sinn Féin advised that the 3 year budget is due to be discussed with the Executive which will provide certainty to health services for future planning. The Chair and Chief Executive welcomed this.

The Chief Executive advised that the People Plan will be presented to Trust Board at the next meeting in October 2021.

19. SECTION 75 ANNUAL PROGRESS REPORT 2020/21 (ST1075/21)

The Chair welcomed Ms Cathy Lavery, Head of Equality, Diversity and Inclusion to the meeting. Mrs Toal introduced this item and stated that the report reflects the progress made between April 2020 and March 2021 during a year of unprecedented changes. The Trust continues to take steps to promote equality and inclusion and continues to mainstream and make it a key strategic priority for the organisation.

Mrs Toal drew members' attention to section 3 of the report which highlights the impact of the Covid-19 pandemic and, as part of the Covid Response Plans decisions at the outset of the pandemic were made under severe pressure, with extreme urgency and with continually emerging information. The plans were equality screened at the initial stage of the pandemic, in line with the Equality Scheme. As part of that, the screening was deemed to be ongoing – given the changing nature of Covid and as the Trust response plans evolved.

The Chief Executive commented that SMT will be taking time to reflect and take stock to assess any lessons learned – both in terms of positive and adverse equality impacts on staff and service users.

Ms Lavery presented information within the Trust on gender, age, community background, disabilities and requests for interpreters, along with some key highlights which the Trust has focused on in the past 12 months.

Mrs Trouton spoke of the importance of developing the Patient and Client Experience Strategy which is a key element for diversity. She advised that she will be working closely with Ms Lavery on the strategy.

Ms Donaghy asked on the number of staff contacting the unit seeking help and advice regarding the EU settlement scheme. Ms Lavery stated that the number contacting the unit was lower than expected, however advice was available to those who requested it.

Mr Wilkinson asked how the Trust ensures that the homeless community has access to health care. Mrs Trouton reported that a Homeless Health Nurse has recently been appointed into the Older People and Primary Care Directorate who will be liaising with the Mental Health Service to ensure their needs are met. Mrs Toal added that the vaccination programme attended a number of hostels in the Southern area to administer the vaccine to homeless people. Mr Wilkinson welcomed both these approaches and reiterated the importance of everyone having access to healthcare.

The Chair thanked Ms Lavery for her informative presentation.

The Board approved the Section 75 Annual Progress Report 2020/21 (ST1075/21)

20. RURAL NEEDS ANNUAL MONITORING RETURN (ST1076/21)

Mrs McConville presented the above named item and explained that it is a statutory requirement that Health & Social Care Trusts record, co-ordinate and monitor Rural Needs Assessment Activity. The template included in members' papers is the annual monitoring return for the Trust which was submitted to Department of Agriculture Environment and Rural Affairs (DAERA) in June 2021 for the period 1 April 2020 – 31 March 2021. 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 reported that no adverse impact was identified and SMT have granted approval to submit and acknowledged that future returns will fall under the responsibility of HROD Directorate.

Ms Sinead Bradley, MLA, SDLP put on record her thanks to the Trust in facilitating rural areas with pop up clinics to administer the Covid-19 vaccine.

The Board approved The Rural Needs Annual Monitoring Return (ST1076/21)

21. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT

Mr McCafferty presented the Executive Director of Social Work report for assurance. It outlines issues regarding the social work social care workforce, challenges, Statutory Functions and innovative projects that engage staff and benefit service users. He provided assurance that despite challenges, the profession continues to be highly compliant with Delegated Statutory Functions.

Mr McCafferty spoke of the recent Internal Audit report on Adult Safeguarding where an unsatisfactory assurance was provided. He informed members that Internal Audit has met with OPPC and MHD on 8th and 10th September and were satisfied with the submitted progress report on the recommendations. Mr McCafferty reported that 9 of 19 recommendations are fully completed with 9 partially completed and 1 ongoing. Members welcomed the updated position in regards to the recommendations.

Mr McCafferty was pleased to report that the Children with Disability Service were shortlisted and then commended for the quality of the service during the recent HSJ awards. He noted that the team created

bespoke packages for children during the height of the pandemic and praised them for the excellent work they have achieved.

Implementation of Mental Capacity Act (MCA) was discussed. Mr McCafferty commented that significant efforts are in place to progress the requirements of the legislation as documented in the report; however, medical capacity is an ongoing challenge with limited uptake of sessional work by Doctors and numerous vacancies across MHD Psychiatry. He reported that there are significant vacancies in social work across all programmes of care which is impacting on the capacity in delivering Delegated Statutory Functions.

22. HUMAN RESOURCES REPORT

Mrs Toal presented the Human Resources report which focuses on the overview of first phase Covid 19 vaccination programme and the arrangements to deliver second phase booster programme to Care Home & Supported Living facilities and HSC Trust staff programme.

Mrs Toal informed members that 265,000 vaccines were administered as part of Phase 1 of Covid-19 Vaccination Programme up to 11th September 2021. She paid tribute to everyone involved in the programme; administration, volunteering, pharmacy, vaccination and management, and all of the supporting teams who continue to play a significant role behind the scenes – including IT, communications, transport, planning, nursing governance and occupational health. Mrs Toal informed members that the Trust has been particularly successful in driving up vaccine uptakes in a number of areas, particularly in the Dungannon and Newry areas and amongst the BAME population.

Looking forward, Mrs Toal advised that the JCVI has issued guidance for phase 2 of the vaccination programme which includes planning for the Covid-19 Booster Programme using the Pfizer vaccine. The Programme is made up of the various component parts – Care Home Programme, Housebound, Staff Programme, Allergy Programme, and School Health Programme. Mrs Toal advised that the Trust is seeking 4 localities to administer the vaccine for staff.

The Chief Executive recorded his thanks to Mrs Toal and the whole team who helped in any way to deliver the first phase of the vaccine programme which will have helped change the course of the pandemic and the health and wellbeing of the Trust's population.

The Chair asked if there are plans to have a dedicated unit to deliver vaccines in the future. The Chief Executive explained that there has always been a rolling vaccination programme through school nursing and GPs, however he felt that this approach required to be updated.

Mrs Toal added that the DoH have suggested an evergreen footing with community pharmacies to take forward covid vaccine roll outs in the future, however currently the Trust will continue to administer the vaccine and booster programme to Trust staff and certain places as highlighted previously. She commented that the DoH is still requesting that there is vaccination lead in each Trust. Mrs Toal noted her concern that the current position to carry this work out, which includes the administration of the flu vaccines, is unsustainable and a mainstreamed overarching co-ordination of vaccines is needed.

In responding to a question asked by Ms Donaghy, Mrs Toal advised that the vaccine uptake statistics are broken down by individual areas and this data is used to identify low up take areas and introduce pop up clinics to help that community avail of the vaccine.

Ms Donaghy asked what the Trust is doing to encourage those unvaccinated staff and those in the community to take the vaccine. Mrs Toal stated the Trust is continuing to inform staff on the benefits of the vaccine and highlight the number of clinics available across the southern area. She did highlight her concern that while the uptake of the vaccine for care home residents was extremely high the number of staff within care homes was the lowest. Mrs Toal provided assurance that Mr Beattie and Mrs Monica McAlister meet with management of these care homes to encourage their staff to take the vaccine to protect themselves and the residents. She added that the Communications Team will be producing videos which specifically targets care home staff on the benefits of the vaccine and where they can get the vaccine easily. Mrs Toal also advised that the Community Pharmacies continue to provide 1st dose vaccines to the local population. She further informed members that antenatal clinics for the vaccine continue to be shared and promoted on social media.

The Chair commented that the DoH and Health Minister continue to support and encourage the vaccine roll out at a regional level which will help reduce the spread of Covid-19.

Mr Wilkinson asked if the Trust has plans to help assist School Nursing Teams on the roll out the Covid-19 vaccine and flu programme. Mrs Toal advised that Mairead Donnelly, Head of School Nursing and

Health Nursing is responsible for co-ordinating the programme, however the Vaccination Programme has linked in the school programme with the overall vaccination programme steering group structures. She informed members of a national protocol that involves non-registrants health care workers who can administer the flu vaccine via a nasal spray under supervision and felt that this approach is an area that could supplement the school nursing team and will be further explored.

23. CHAIR AND CHIEF EXECUTIVE'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

The Chair drew members' attention to the written report detailing events the Trust Chair and Chief Executive 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.

24. 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.

The Chair asked members, staff and public attendees for their feedback on the meeting and one matter raised was in relation to the challenge function by Directors. The Chief Executive agreed to discuss this further with SMT.

Action: Chief Executive

In conclusion, the Chair recorded thanks to everyone for their attendance and participation in the virtual meeting and to all those who had facilitated the meeting in any way. She advised the next meeting would take place on Thursday, 28th October 2021 at 9.30 a.m.

The meeting concluded at 1.00pm

SIGNED: _____

DATED: _____