

**Minutes of a Trust Board meeting held in public on
Thursday, 26th September 2019 at 11.30 a.m.
in The Boardroom, Trust Headquarters, Craigavon**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services / Executive
Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Interim Executive Director of Nursing & Allied Health
Professionals

IN ATTENDANCE

Mr B McNeany, Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McConville, Acting Assistant Director of Corporate Planning (*for Mrs
Magwood*)
Mr B Beattie, Acting Director of Older People and Primary Care (item 11
onwards) / Mrs M McAlister, Assistant Director of Older People (*for Mr Beattie
items 1-10*)
Mr B Conway, Assistant Director of Cancer and Clinical Services and
Integrated Maternity and Women's Health (*for Mrs McClements*)
Mrs J McKimm, Head of Communications
Mrs P Keenan, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services

REPRESENTATION FROM TRADE UNIONS IN REGARDS TO PAY PARITY

At the outset, the Chair welcomed members from NIPSA and Unison who had been granted speaking rights on the pay differential that currently exists within Agenda for Change across the National Health Service.

Speaking Rights

The Chair welcomed Ms Nuala Conlon and Ms Petra McCreesh from Unison. Ms Conlon thanked Trust Board for the opportunity to speak at the meeting today to highlight the challenge to establish pay parity across the 4 countries and the gaps that exist within Northern Ireland. She noted this issue has been discussed at the Joint Negotiation Consultation Forum (JNCF) every month. Ms Conlon referred to the leaflet that was circulated amongst members which illustrates the difference in pay parity between employees in Northern Ireland compared to the same banding and job roles for employees in England, Scotland and Wales. Ms Conlon spoke of the ongoing challenges in staffing levels and the effect this has on employees. She commented that when there are staff shortages, this is when mistakes are made. Ms Conlon stated that the situation has reached a crucial point and they are preparing for a ballot for industrial action of which the Department of Health has been informed. She asked that Trust Board support them in their campaign for pay parity by writing to the Department of Health.

Ms McCreesh stated a number of employees are accepting roles in the Republic of Ireland and on the mainland as their pay is higher for the same roles in Northern Ireland and this is a contributing factor to the challenge in retaining staff. She asked that Trust Board support the Trade Unions in this matter.

Speaking Rights

The Chair welcomed Mr Brian Smyth from NIPSA. Mr Smyth spoke of the crisis situation and asked Trust Board members to support and influence establishment of pay parity for its employees. Mr Smyth advised Trade Unions have resisted to strike, however if no progress is made on this issue NIPSA will have no other option but to progress further with the intention to ballot members on industrial action.

The Chair thanked Ms Conlon, Ms McCreesh, Mr Smyth and the Trade Union representatives for their comments and attendance. She noted the significant collaboration Trade Unions have with the Trust's Director of

Human Resources and other Directors and stated that they and the Chief Executive continue to work with the Department in relation to pay.

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting. She particularly welcomed the Assistant Directors who were deputising, namely Mrs Janet McConville, Mr Barry Conway and Mrs Monica McAlister and welcomed back Mrs Paula Keenan, Boardroom Apprentice. The Chair advised Mr Brian Beattie, Acting Director of Older People and Primary Care will join the meeting at lunchtime. At this point members were reminded of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops / iPads are used for accessing Board papers only during the meeting.

The Chair was pleased to welcome four members of Trust staff from the Medical 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.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. In regards to first item on the agenda, the Trade Unions' speaking rights at Trust Board, Ms Mullan declared that her partner is an employee of Unison.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: ORGAN DONATION

The Chair welcomed Dr Claire Shevlin, Clinical Lead for Organ Donation. Mrs Rooney as the Chair of the Organ Donation Committee advised Organ Donation within the Trust is a service that is operated regionally through the Northern Ireland Blood and Transfusion Service and Dr Shevlin is contracted as the Clinical Lead for the Trust.

Dr Shevlin thanked the Chair for the opportunity to present to Trust Board on this important issue. She began by informing members there are approximately 140 people in NI are waiting for a transplant, 9 died last year while waiting for suitable organs. 43% people in NI are on the NHS Organ Donor Registry and a soft 'opt out' is still under discussion pending resumption of local government. Dr Shevlin explained the steps in process when a patient has been identified, usually in ICU.

Dr Shevlin presented the detailed report on Actual and Potential Deceased Organ Donation April 2018 to March 2019. In this time period the Trust had one deceased solid organ donation which resulted in 3 patients transplanted. She spoke of the significant role the SNOD (Specialist Nurse for Organ Donation) undertakes along with herself as the Clinical Lead in highlighting the importance of Organ Donation across the Trust.

Dr Shevlin spoke of the challenges namely the small donor pool in Northern Ireland and the need to maximise opportunities, the normalisation of organ donation as an end of life consideration and stated that this requires incorporation into culture of critical care and wider hospital. On the issue of consent, she advised that the first step is awareness of Organ Donation in the community and the need to discuss wishes with the family.

The Chief Executive asked what Trust Board can do to support and improve Organ Donation within the Trust. Dr Shevlin commented on the immense support from Mrs Rooney as Chair of the Trust's Organ Donation Committee and asked for Trust Board support in normalising organ donation into the culture of critical care and the wider hospital. Mrs Rooney reminded members art work was recently commissioned and is displayed in DHH and CAH in tribute to all those who have donated their organs. She mentioned work is underway with the local councils and schools to further promote organ donation.

The Chair assured Dr Shevlin of Trust Board's support and thanked her for her informative presentation

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

The Chair drew members' attention to her written report detailing events she 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 noted.

4ii. COMMISSIONER FOR PUBLIC APPOINTMENTS NORTHERN IRELAND (CPANI) BOARD MENTORING SCHEME

The Chair informed members the CPANI Public Board Mentoring Scheme is seeking expressions of interest from Board members who are willing to act as a mentor to a graduate student from Queens University

and Ulster Business School. She asked that those members who are interested to notify the Chair's Office at the earliest convenience.

Ms Mullan left the meeting at this point (12.15 p.m.)

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The Chief Executive presented his summary report. He stated that he felt it was important to set this in the context of the current environment the Trust was working in, particularly the hospital environment, and he drew members' attention to the service challenges outlined in the report. In relation to the Trust's hospital performance for 2018/19, the Chief Executive highlighted the fact that the Trust is managing an increased demand for service with the highest rate of bed occupancy in Northern Ireland – 90.8% of all available beds occupied. Mrs McCartan stated the statistics demonstrate the volume of patients in the system and the challenge staff encounter on a daily basis.

The growing waiting lists were discussed. Mr McDonald referenced the Waiting List Validation Exercise within Acute and asked for an updated position. The Chief Executive advised an update on the exercise will be reported at the forthcoming Performance Committee meeting

Action: Mrs Magwood / Mrs McClements

The Chief Executive welcomed the Protect Life 2 Strategy that was recently launched by the Department of Health which outlines measures that will be taken to reduce suicide and self-harm in the next five years.

6. MINUTES OF MEETING HELD ON 29th AUGUST 2019

The minutes of the meeting held on 29th August 2019 were agreed as an accurate record and duly signed by the Chair.

The Board approved the minutes of the meeting held on 29th August 2019.

7. MATTERS ARISING FROM PREVIOUS MEETINGS

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

8i. DRAFT TRUST DELIVERY PLAN (ST958/19)

The Chief Executive set the context of the TDP and reminded members the document sets out the actions the Trust will take in response to the Department of Health Commissioning Plan Direction and the commissioning priorities, objectives and goals for improvement included in the HSCB and PHA Commissioning Plan 2019/20.

Mrs McConville presented the TDP for approval. She noted an error on page 63 of the report for 5.3 and advised this should read AHP Referral and not Direct Payments; the report will be amended to reflect this.

Mrs McConville pointed out a significant number of targets (48%) are assessed as not achievable or partially achievable with additional resources in 2019/20. In the main this represents continued performance challenges from 2018/19 into 2019/20.

Members noted the main contributing factors limiting deliverability of commissioning plan targets and agreed volumes of activity included in the service and budget agreement relate to workforce challenges and insufficient financial resources.

Mrs McCartan referred to page 16, 2.2.3(d) where it reports on the lack of a Departmental Oral Health Strategy and asked if there was any indication of when a strategy would be available. Dr O’Kane agreed to raise this issue at the next regional Medical Directors’ Group meeting.

Action: Dr O’Kane

Ms Donaghy asked for clarification for 2.2.1 (b) elective / planned care where it states ‘the Trust will work with the regional elective care group to address longest waiters, however, this will be subject to additional funding and will address ‘new’ waits only’. Mr Conway clarified this is in relation to the elective care centres. The Chief Executive added that even if £100m was secured per annum it would still not take into account new waits.

In response to a query by Mrs McCartan on the achievement of break even at end of the financial year given the workforce shortages and the use of agency staff, Ms O’Neill advised that plans are underway across the Directorates to ensure that financial breakeven is achieved.

Mrs Keenan noted her concern for 3.3 ‘by September 2019, patients in all Trusts should have access to the Dementia portal’ that to date, no

service users have engaged in the pilot. This is due to a number of factors such as; the patient does not have good internet connectivity, lack of an email address and lack of consent due to the advanced dementia and asked how the Trust is addressing this. Mr McNeany recognised the issues reported and in relation to technology he advised the Trust is supporting individuals in this area to access the portal. The Trust will continue to contribute regionally to development and implementation of the Dementia Portal with the assistance of the Dementia Navigators who have recently taken up post.

Mrs McCartan noted overall 25% of OGIs are reported as green / achievable. She asked if the Trust benchmarks the data against the region. Mrs McConville confirmed the Trust has requested the other Trusts data and once that is received benchmarking will be undertaken.

The Chair welcomed the plan however she felt further narrative could be included in some areas as to why targets are unachievable. The Chief Executive assured members SMT review and discuss the red status OGIs and Trust Board will be kept to up to date with any changes.

The Board approved the Draft Trust Delivery Plan (ST958/19)

8ii. SUMMARY OF CAPITAL & REVENUE PROPOSALS IN EXCESS OF £300,000

Mrs McConville presented the summary of proposals with a capital/revenue value in excess of £300,000 that have been developed between 28th March 2019 and 26th September 2019. As in previous reports, she advised that 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 Board approved the Summary of Capital & Revenue Proposals in Excess of £300,000

9. SECTION 75 ANNUAL PROGRESS REPORT 2018/19 (ST960/19)

Mrs Toal presented the above named report for approval which presents the Trust's progress in fulfilling its Section 75 statutory equality and good relations duties, the Trust's Equality Scheme commitments and Disability Action Plan between April 2018 and March 2019. The Section 75 Annual Progress Report has been prepared using a template circulated by the Equality Commission for NI to all Public Authorities. The key issues and achievements have been

presented in accompanying newsletter format which is included in members' papers.

Mrs Toal highlighted the two new staff training modules for 'Making a Difference' which informs staff on the concepts of equality, good relations and human rights. She advised these modules are now mandatory, part 1 to be completed by all staff and part 2 to be completed by managers and will be rolled out corporately. Mrs Toal noted Mrs Lynda Gordon, Head of the Equality Unit can provide face to face training if required for certain areas. The Chair asked that members ensure their mandatory training is up to date and noted the importance for all staff to complete all relevant training.

Mrs Keenan referred to page 7 of the newsletter on the HSC Regional Interpreting Service and noted the Southern Trust has the highest number of requests received in the region and noted the number of people who were not provided for. Mrs Toal advised the demand for the interpreting service within the Trust is extremely high and it depends on the individual circumstances. Mr Morgan advised in some instances the community are providing interpreting services which is very resourceful and very beneficial to families. Ms O'Neill confirmed that this is a regionally funded service.

Mrs Toal commented the Trust will focus on disability employment over the next 12 months and a staff disability forum will be considered. She stated the Trust has signed up to the Mental Health Charter, the commitments of which will be taken forward by Dr Lorraine McGurk, Consultant Occupational Clinical Psychologist in her capacity as chair of the Trust's Psychological Wellbeing Workstream.

The Board approved the Section 75 Annual Progress Report 2018/19 (ST960/19)

10. OPERATIONAL PERFORMANCE

i) Finance Report (ST961/19)

Ms O'Neill spoke to the above named report and advised the cumulative outturn at month 5 is a deficit of £1.7m. She attributed this to two main causes: transformation funding, however work is ongoing with DoH, HSCB and project owners and the Trust is confident full funding will be secured and continued unscheduled care pressures which discussions have commenced with the Commissioner. Pay expenditure exceeds the budget by £2.5m and this largely due to

medical and nursing. Ms O'Neill spoke of the flexible payroll arrangements which are costing £27.6m, £6.7m more than the same period last financial year. In August the Trust employed a total of 1,166 Wte's on these flexible arrangements, an increase of 14 Wte's when compared to July.

Ms O'Neill advised the Trust has been notified of its indicative allocations for 2019/20 and a full assessment on the impact these will have on the financial position has been prepared.

Prompt payment was discussed. Ms O'Neill advised the prompt payment performance was 89.8% in month bringing the cumulative to 90.5%. She reminded members of the trend that occurs during the summer months where deterioration in performance occurs, due to annual leave. She commented as the number of agency staff has increased this has generated additional invoices for managers to process. This is having an impact on the prompt payment performance; however additional measures have been put in place to address this. The Chair spoke of the importance to pay suppliers and providers on time.

The Chair noted her concern at the unscheduled care pressures creating a budget overspend of £549k and asked for assurance on breaking even. The Chief Executive advised there is a monitoring round bid due on October 2019, which will not meet all of the demands, however it will help ease the financial situation. Ms O'Neill commented, the Trust has submitted a balance Trust Delivery Plan, but in doing so recognised that it was not going to be an easy task. Each Director is acutely aware of their responsibility in achieving break-even and they each continue to monitor their budgets, this will be closely monitored over the remaining months of the financial year.

The Board approved the Finance Report (ST961/19)

ii) Human Resources Report (ST962/19)

Mrs Toal presented the Human Resources Report for approval. The report provides a high level summary and update on some of the results and key themes from the regional 2019 HSC Staff Survey. The report also outlines key productivity information.

Mrs Toal advised at this stage the survey results have not been shared or publicised within HSC Organisations as the Department of Health have asked for the opportunity to share regional results first. The Trust

survey has only recently been issued and therefore further analysis is required. She advised the final Trust staff survey report will be shared with members when available.

The response rate from staff was 25% which was an improvement on 21% in 2015. The Trust overall staff engagement score was 3.78 which is same score as the HSCNI average, however it is slightly lower than the 2015 Trust score of 3.81. The Chair noted the low response rate and pointed out one of the themes was improvement on staff engagement and felt the response rate reflected this.

Mrs Toal commented on the number of positive results to recognise and build on which was outlined in the report. She referred to the opportunities for improvement within the workplace for areas: staff involvement, recognising and valuing staff, communication with senior managers, violence, harassment, bullying and abuse at work and communicate patient / service user experience feedback to staff. The Chair asked what measures are in place to address and reduce bullying and abuse in the workplace. Mrs Toal stated she was disappointed there is an increasing trend in the number of staff experiencing this and advised further analysis will be required to understand if this is occurring in certain areas. She informed members there is a new Conflict, Bullying and Harassment in the Workplace Policy which emphasises early intervention. Mrs Toal referenced the HSC Value 'Compassion' which will be a key focus going forward.

Mrs Toal advised SMT have dedicated a meeting in October to review the staff survey results to understand the themes that need focused on over the next two years in line with the development of the Workforce and Organisational Development Strategy.

A discussion ensued on staff not being valued and how this could be improved. Mr Wilkinson felt more engagement with frontline staff and their immediate line manager would make more of an impact on staff being valued and need to focus on the top down and leaders demonstrate the HSC values. Mrs McAlister spoke of the 'what matters to you' event which received good engagement from staff and they spoke of their ideas which management took on board. She noted the importance of listening and communicating to all staff. She did note the challenge in engagement with Domiciliary Care staff working in the community. Mrs McAlister advised a newsletter is issued to reach those Dom Care staff who work off site in the community.

In response to a question asked by Ms Donaghy, the Chief Executive advised it is the responsibility of SMT to ensure a plan is put in place to address all areas for improvements and to engage with staff on the results to collect their feedback and ideas going forward. He did note there were a number of external factors that impacts how staff feel at work e.g. pay, workforce pressures, vacancies etc. however this will be long term journey and the process is about building confidence throughout the workforce.

Mrs Toal moved onto workforce information and noted the cumulative sickness absence rate for 2019/20 year to date is 5%, which is slightly lower than the figure of 5.06% for the same period last year. Staff in post as at 31st July 2019 shows an increase of 17.13 wte since 31st March 2019. The flexible costs for 2019/20 have increased by an average of just over £2.1m per month compared to 2017/18 figures, and by over £850k per month when compared to 2018/19.

The Board approved the Human Resources Report (ST962/19)

Mr Beattie joined the meeting at this point

Mrs McAlister left the meeting at this point

11. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

i) Executive Director of Social Work Report

Mr Morgan presented the Executive Director of Social Work report which provides a summary of activity and developments within the Social Work profession. Mr Morgan spoke of the Mental Capacity Act (MCA) which has been deferred to go live until 1st December 2019. The Trust is tasked with meeting the legislative requirements to implement part of the MCA. To enable the Trust to meet the legislative responsibilities, planning is underway to implement two main parts: Deprivation of Liberty Panels and Short Term Detention applications. Planning is also underway to strengthen the Approved Social Work (ASW) workforce. Mrs McCartan noted the already stretched social work workforce and asked how this additional responsibility will impact staff while delivering a service. Mr Morgan stated the Trust has the lowest ASW in the region and commented this will be a challenge for the Trust. He added 7 staff have enrolled for the ASW course commencing between September 2019 and January 2020 and funding has been made available to recruit 'short term detention' authorisers.

Mr Morgan moved onto Quality Improvement (QI) and noted the Social Work staff within the Trust continues to be developed in the field of QI and are core to the regional Staying Connected QI programme. He added funding was successful for the Scottish Leadership Programme and 7 Social Workers are undertaking the course where their projects have service user involvement. Mr Morgan spoke of the QI project that aims to appoint a hospital based Domestic Violence Advisor. He stated that Ms Flo Fegan, Head of Service for Acute Social Work is liaising with Clinical and Social Care Governance Teams on how best to support the victim. Mr Morgan informed members the Carers Conversation is currently being tested as an alternative to NISATS Assessment Tool through a QI project within Adults with Physical Disability Services. The compliance rate has improved and the QI project will be tested in Addictions Services and learning will be fed back to the DoH for a regional decision on the future use of NISATS.

Mr Morgan advised the Trust is involved in regional work progressing the development of a Professional Governance Practice Framework for line managers and professional leads supporting the safety and wellbeing of social work staff who are impacted by violence, threats and intimidation in the course of undertaking their professional roles and duties.

The Chair referred to workforce issues included in the report and the recent successful Social Work Job Fair. She noted out of the 138 people who were successful, of these 102 remain on the waiting list and asked for further explanation. Mrs Toal advised people who were successful but have not accepted posts remain on the waiting list due to a number of factors; primarily they would prefer posts in specific areas / teams / locality.

Mr Wilkinson noted the staffing issues in the Family Intervention Service (FIT) and asked what steps are being taken to address this. Mr Morgan advised a 'Grow our Own' initiative has been developed to support two social work assistants from the Gateway / FIT service through Open University Social Work Degree and on completion they have agreed to work in the FIT service for a minimum of 2 years.

Mr McDonald made reference to the Looked After Children Services (LAC) initiative and the development of a video which outlines the work that the team does. Members asked to see this video, once completed.

The Chair referred to the Regional Social Work Workforce Steering Group and asked how this is progressing. Mr Morgan advised the

group is lobbying for additional funding to train more social workers through Universities and highlight how rewarding social work is and ensure the posts are attractive to potential students. The Employment Based and Open University are also being explored as routes in to Social Work.

ii) Unallocated Child Care Cases

Mr Morgan spoke to the above named report and advised a total of 68 unallocated cases as at 31st July 2019, an increase on the previous reporting period (30 April), when 60 unallocated cases were reported. He advised Trust has the second lowest unallocated cases in the region.

iii) RQIA Review of Governance of Outpatients Services – Safeguarding Overview Report

Mr Morgan informed members the Department of Health undertook a RQIA Review of Governance of Outpatients Services – Early Findings on Safeguarding. The department of Health wrote to the Trusts on 5th February 2019 to advise that RQIA had conducted a Review of Governance of Outpatients Services – Early Findings on Safeguarding within the Belfast Trust. A number of key areas were highlighted and the Department of Health requested each Trust to review their current position of their outpatients services and provide a brief written report to Trust Board in advance of a RQIA inspection over the next 12 months. The report includes the internal preparation that was undertaken where a self-assessment template was developed to support teams to consider department compliance. Ad hoc walkabouts were completed in a sample of departments to support staff and identify gaps. The report also referenced the action plan that was developed and cascaded via Directorate's reporting lines.

Mr Morgan guided members through the summary of key findings for both adult and children. He noted the gaps identified through the review and the action that will be taken: up to date information / flow charts to be made available and displayed in public waiting areas, intranet / sharepoint to be cleansed and updated, remove out of date policies from staff areas, cascade pathways and aid memoirs for responding to concerns to all departments, access to posters and leaflets and ensure corporate mandatory safeguarding training is completed by all outpatient staff. The Chair welcomed the action to improve the information available to staff and patients.

Mr Morgan advised each Director is required to submit a composite report to the Head of Service for Safeguarding who will coordinate as a Trust report with regard to our state of preparedness.

iv) Executive Director of Nursing, Midwifery and AHPs Report

Mrs Trouton presented the above named report which focuses on education, development and quality of the Nursing, Midwifery and AHP workforce. She referred to the statistics for mentorship and advised out of 1444 mentor registered, 993 were available across the four directorates. In response to a question asked by Ms Donaghy, Mrs Trouton clarified that students have protected time to enable the mentor to support them.

Mrs Trouton guided members through the report which highlighted the ongoing work within Nursing, Midwifery and AHPs and provided information on quality improvement, bereavement, fitness to practice data and training. She reminded members the Chair asked for an update on the number of 3rd year students who were in post as at September 2019: out of the 88 that were offered a post, 39 accepted and were in post. Overall from the December 2018 nursing recruitment day, 159 posts were offered and 73 were accepted. She noted the work to be undertaken to increase the conversion rate from interview to post.

v) Inquiry Report into Hyponatraemia related Deaths Update

Dr O’Kane presented the above named report which provides an assurance the Trust is meeting the recommendations of the Inquiry Report. The oversight group have met on 5 occasions this year and regional workstreams are progressing. She noted there is an agreed communication strategy from the DoH which ensures all Trusts receive the information in the same way, which is tabled at the oversight group.

Mrs Trouton commented the initial focus was on the clinical recommendations; however as the Trust moves through the journey of implementing these recommendations the oversight group is reviewing and progressing work in other areas such as education, SAIs and family engagement.

The Chief Executive added the challenge with achieving 100% in the auditing of fluid balance charts. The oversight group continues to work with operational directorates to improve compliance within Acute and CYP and progress will be monitored through SMT.

Dr O’Kane advised the oversight group plan to facilitate a workshop to review and update the Trust baseline assessment of all 96 recommendations.

12. BOARD COMMITTEES

i) Governance Committee

– Minutes of meeting held on 21st May 2019 (ST963/19)

In absence of Ms Mullan, Mrs Rooney presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 21st May 2019 (ST963/19)

– Summary of key issues from the meeting held on 5th September 2019

Mrs Rooney advised of the key issues raised at the meeting held on 5th September 2019.

13. BOARD REPORTS

i) Volunteer Annual Report (ST964/19)

Mr Beattie presented the above named report for approval. The report provides an update on the progress made by the Trust against the action plan under six key themes of the HSC Regional Plan for Volunteering in Health and Social Care 2015-2018. He was pleased to report the Trust is compliant with all 6 themes. Mr Beattie acknowledged the impact volunteering has for patients and the wider system and thanked the Chair and the Non-Executive Directors for their support and attendance at various events to recognise the important role played by Volunteers. Members agreed to continue to make staff aware of volunteering opportunities within the Trust.

The Board approved the Volunteer Annual Report (ST964/19)

ii) PPI Annual Report (ST965/19)

Mr Beattie presented the PPI Annual Report for approval. He advised the report outlines progress made during 2018/19 to further embed PPI, partnership working and co-production into the culture, ethos and

practice of the organisation. He assured members that the Trust is compliant with each of the standards and associated key performance indicators. Mr Beattie highlighted that Senior PPI Officer and Service User Consultants are funded via Transformation money, which is due to cease in March 2020.

The Board approved the PPI Annual Report (ST965/19)

14. APPLICATION OF TRUST SEAL (ST966/19)

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

In response to a question asked by Ms Donaghy, Ms O'Neill clarified the contract for refurbishment of 3 North / Stroke Rehab was to deal with the service as it currently is and is completely separate to the Regional Stroke Consultation.

The Board approved the Application of the Trust Seal (ST966/19)

15. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board's attention in respect of their roles. There were none noted.

In conclusion, the Chair reminded Trust Board members to remain at the end of the meeting for a time of reflection on the proceedings of the day.

The meeting concluded at 3.00 p.m.

SIGNED: _____

DATED: _____