

**Minutes of a Virtual Trust Board meeting held on
Thursday, 27th January 2022 at 09.45 a.m.**

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, 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 A Magwood, Director of Performance and Reform (*Item 4 onwards*)
Mrs L Leeman, Assistant Director Performance Improvement (*items 1-4*)
Mrs S Hynds, Deputy Director of Human Resources (*for Mrs Toal*)
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 V Toal, Director of Human Resources and Organisational Development

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting including Ms Esther Boyd who was attending as part of the Internal Audit Review on Board Effectiveness, Mrs Susan McKinney as the Boardroom Apprentice 2021 and 5 members of Trust staff from the Children and Young People's 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. SERVICE IMPROVEMENT / LEARNING FROM SERVICE USER EXPERIENCE – FUNCTIONAL SUPPORT SERVICES

The Chair welcomed Mrs Anita Carroll, Assistant Director of Functional Support Services along with Neil Casey, Maria Fegan, Joanne McEvoy and Lorna Cherry Functional Support Services staff to the meeting. Mrs McClements introduced this item and advised that an action from the Governance Committee meeting in November 2021 was to invite them to a Trust Board meeting to showcase the breadth and depth of the good work Functional Support Services carries out.

Mrs Carroll gave a presentation on the Functional Support Service and provided information on the service portfolio and advised that it covers each directorate. Mrs Carroll continued to present information on each service; catering, domestic, portering, security, switchboard, residential accommodation, decontamination, laundry, chaplaincy, health records, ward clerks, emergency department administration, referral and booking secretarial services. She highlighted each achievement of each of these services and their issues and key objectives.

Mrs Carroll highlighted a number of achievements and areas of good practice, namely; all Trust registered food premises received a 5 rating under the National Food Hygiene Rating Scheme; 21k terminal cleans completed within 2 hours of request; new networked cameras installed at CAH; collaborative working in relation to the management of short term accommodation requests; maintaining Sterile Services Quality Management Standard accreditation; 3 million linen items laundered a year and accreditation maintained; emergency chaplain cover in place; booking of visitor appointments; virtual appointments and validation of waiting lists.

Mrs Carroll spoke of the challenges that the above services faced throughout the pandemic to ensure the smooth running of the hospitals. She paid tribute to the staff that worked tirelessly through Covid-19.

The Chair thanked Mrs Carroll for her presentation. The Chief Executive paid tribute to the outstanding Functional Support Services team and stated that it plays a fundamental part in making sure the Trust is successful. Mrs McCartan concurred with the Chief Executive's remarks and noted how important the Functional Support Services division is for the day-to-day running of the hospitals. Mr Beattie added that Functional Support staff are the unsung heroes of the Trust and the difference their work makes to each patient is invaluable.

Mrs Magwood joined the meeting at this point

Mrs Leeman left the meeting at this point

4. CHAIR'S REMARKS

The Chair noted that vaccinations continue to be rolled out across the Trust area. She advised that the uptake of vaccinations is having a positive impact on the number patients admitted to ICU.

5. CHIEF EXECUTIVE'S EMERGING ISSUES

The Chief Executive referred members to his report, which contained a message in advance of him leaving his post as the Chief Executive. He thanked all Trust staff for their commitment, dedication and humanity. The Chief Executive thanked the Trust Chair, Non-Executive Directors and SMT colleagues for their support, engagement and advice.

6. MINUTES OF MEETING HELD ON 28TH OCTOBER 2021

The minutes of the meeting held on 28th October 2021 were agreed as an accurate record.

The Board approved the minutes of the meeting held on 28th October 2021

7. MATTERS ARISING FROM PREVIOUS MEETING

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

i. Surgical Services in the Southern Trust

The Chair welcomed a number of Consultants from both the CAH and DHH sites from the Emergency Department, ICU, Surgery and Medical specialities. Also in attendance were local political representatives and a number of media outlets.

The Chief Executive began by explaining the current situation in DHH and the need to ensure that the Trust provides safe services for its whole population. He spoke of the need for a sustainable future service model and the need for service changes while providing equity of surgical services across the Trust.

Mrs McClements provided background to the challenges relating to the continued provision of safe and sustainable general surgery services across two acute sites. She advised that following the resignation of a Consultant Surgeon in DHH, an urgent contingency arrangement is required. Mrs McClements provided assurance that a planning group has been established to review the service to focus on 'right patient, right time, right place'. She advised that engagement has been undertaken with CAH and DHH staff within obstetrics, paediatrics, emergency departments, surgical and medical. She informed members that an immediate contingency plan has been developed and requires to be implemented by the end of February 2022.

The Chair welcomed Mr McElvanna, Consultant Surgeon to the meeting. Mr McElvanna presented an overview of the current situation and explained that on average CAH admits 9 emergency general admissions a day and DHH admits 6. He provided information on the current workforce for each site; DHH Emergency Department has 4 out of 6 Consultant posts filled with 2 locums with a low volume of emergency surgery and CAH have 8 out of 9 Consultant posts filled with a high volume of emergency surgery. Mr McElvanna reported on the issues of recruitment, retention and training. He added that having a suboptimal service across two sites increases the risk of poorer patient outcomes. Mr McElvanna stated that patients require safer, higher quality emergency care delivered by a multi-skilled team supported by a full range of services. He informed members that following discussions and engagement to consider alternative models with leaders in emergency surgery, medical and operational teams the outcome was that a single site for emergency admissions and operating was the best model. Mr McElvanna presented the pathway for patients attending DHH Emergency Department while providing assurance that 24/7 surgical cover is maintained for inpatient and specialty theatre cover. He advised

that patients that attend DHH and require emergency surgical care would be assessed in DHH for onward transfer to CAH, if appropriate. He felt that this model would present better access to Consultants, reduce Emergency Department attendance and admissions. In concluding, Mr McElvanna stated that this new service model would provide enhanced elective general surgery, breast, urology and paediatric service. It would also provide enhanced recruitment, training and education.

Mrs McClements provided assurance that discussions have taken place with the Northern Ireland Ambulance service and an agreement and pathway has been agreed to undertake the transfer of emergency surgical patients from DHH to CAH. She added that the Trust is fully committed to the Emergency Department in DHH with 55k attendances per year and there are no intentions to downgrade DHH. Dr Gareth Hampton stated that the DHH Emergency Department would continue 24/7 with a Consultant led service.

Mrs Leeson welcomed the presentation and briefing paper that was included in members' papers and asked on the engagement with the Department of Health (DoH). Mrs McClements explained that the DoH are actively involved in the Regional Group on the future of General surgery and provided assurance that they are fully sighted and supportive of the Trust's contingency arrangements.

Mr McDonald welcomed the clinical evidence presented and noted that patient safety is at the forefront for need to implement a new service model. He welcomed the assurance that as regards DHH, elective surgery will remain front and centre. Mrs McClements commented on the opportunity to grow elective surgery on the DHH site and input into the Elective Care Framework.

Dr O'Kane stated that whilst there is presently no safety risk to patients in DHH Emergency Department, however following the resignation of the Consultant in General Surgery, there is a potential for safety to be compromised and this is the reason for this change in service. She added that following a survey by NIMDTA on surgical training, this new model will provide trainee doctors with improved quality of training with more available surgeries on one site.

Ms Donaghy queried those Obstetrics and Gynaecology patients who may require emergency surgery during the night. Mrs McClements advised that there is no intent to change the current Obstetric and Gynaecology service so those patients who attend DHH ED directly and

require emergency surgery will still be admitted to DHH to gynaecology beds which are retained in DHH as the patients care will be under Obstetricians and Gynaecologists.

Discussions with NIAS will enable the Trust to develop bypass protocols so patients can be taken directly to CAH where appropriate.

Mr Colin Weir, Consultant Surgeon commented that the low volume of emergency surgery on the DHH site is not providing enough exposure for trainees and there is an opportunity to grow the elective surgery in DHH and trainees will be afforded the opportunity to gain their experience through this route. He felt that this would also have a positive impact on the waiting lists to have dedicated elective lists in DHH. Mr Weir noted that this was a significant opportunity to improve the undergraduate education.

Dr Aisling Diamond, Deputy Medical Director commented that paramedic training has significantly improved and they are able to manage a wide range of conditions. She added that exposure to surgical training has reduced on the DHH site and felt that the opportunity to increase elective surgery and recruitment of staff is appropriate going forward.

Mr Justin McNulty, MLA SDLP voiced his concern that patient safety will be compromised due to the length of the journey from DHH to CAH and the rural geographical area. He felt that DHH has been downgraded and asked if training for doctors will continue on the DHH site.

Mr David Taylor, Councillor Newry and Mourne noted his disappointment and felt that the future status of DHH was uncertain. He felt that this temporary move would become a permanent position. He asked for clarity on the opportunity to grow elective surgery in DHH. Mrs McClements explained that recruitment is required to increase theatre nurses to enable this and noted that some Theatre/Recovery staff are still redeployed to staff the additional critical care beds.

Mr John O'Dowd, MLA Sinn Féin commented that elected representatives have a responsibility to the local population to ensure that their voice is heard. He spoke of the 3 year budget which is an opportunity to plan health services for the future. He welcomed the opportunity to increase elective surgery on the DHH site with the recruitment of further staff.

The Chief Executive spoke of the high level of investment that has been implemented throughout the DHH site and felt it was a vibrant and

successful hospital. He added that work with the DHH Pathfinder Group was welcomed.

A number of questions were submitted by the DHH Pathfinder Group and the SDLP. The Chair welcomed these and advised a response will be issued in a timely manner.

The Chair welcomed the presentation and briefing paper and thanked all those involved in attending. She stated that the temporary changes to emergency general surgery at Daisy Hill are a contingency solution and that proposals for public consultation on a longer-term best practice model will be developed to improve both emergency and elective general surgery across the Southern area. She requested that an update on surgical services in the Southern Trust be presented to Trust Board when appropriate.

Action: Mrs McClements

STRATEGY

8. SUMMARY OF CAPITAL AND REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1084/22)

Mrs Magwood 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 1st October 2021 – 31st December 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 Magwood reported that there are 7 revenue proposals from £300,000 - £1million, 3 revenue proposals greater than £1million and 4 capital proposals from £300,000 - £1million and 2 capital proposals greater than £1Million and the detail of each proposal was included in the report.

In response to a question asked by Mrs McCartan, Mrs Magwood confirmed that the Early Support Discharge for Stroke is included within the transformation funding. She noted that this significant investment is welcomed with the additional AHP staff identified and it will improve the patient experience through a reduction in length of hospital stays and increased availability for support across 7 days.

Mrs McCartan asked for further information on the replacement mammography system for the Glenanne Unit. Mrs McClements explained that this was identified as a need for an urgent replacement and it is envisaged that the replacement will be carried out within 4-6 months.

The Board approved the Summary of Capital and Revenue Proposals in Excess of £300,000 (ST1084/22)

9. 'WORKING TOGETHER' – PATIENT AND CLIENT EXPERIENCE STRATEGY (ST1085/22)

Mrs Trouton presented the above named strategy. The strategy and presentation were included in members' papers. Mrs Trouton advised that the strategy has been tabled at both SMT and the Patient Client Experience Committee and is presented at Trust Board for consideration and approval. The strategy document sets direction and is based on Trust values, what the patients and families have said, outlines the Trust involvement journey, strategic objectives, key performance indicators and year 1 action plan.

Mrs Trouton guided members through the strategy and advised that the strategy is a combined approach in conjunction with Patient Client Experience, PPI Panel (Personal and Public Involvement), Clinical and Social Care Governance and Quality Improvement agendas to ensure collaborative direction for improvement. Information is also obtained through Care Opinion and HCAT data.

In concluding Mrs Trouton noted that that this strategy will be implemented in conjunction with the Patient Safety and Corporate Strategies. A key enabler to these strategies is 'Our People' Framework which focuses on transforming the culture in order to transform care. The implementation of these strategies will be supported through the application of a quality improvement approach.

Mr Wilkinson as the Chair of the Patient and Client Experience Committee welcomed the strategy and noted the strong service user engagement in the document.

The Chief Executive felt that supporting the strategy with a framework would be beneficial to monitor the progress and success of the strategy. Mrs Trouton welcomed this suggestion.

The Board approved the Patient and Client Experience Strategy (ST1085/22)

CULTURE

10. MEDICAL DIRECTOR'S REPORT

Dr O’Kane presented the Medical Director’s Report, which provides an assurance to the Trust Board on the implementation of the GMC regulations in relation to Medical Appraisal and Revalidation.

Dr O’Kane referred members to the current position on the 2019 Appraisal year as at 11/01/22, which demonstrates that 89% have been completed, 3% are in progress and 8% are not completed. For the 8% of appraisals not completed for 2019, the names of the doctors has been provided to the newly appointed Divisional Medical Directors to meet with these doctors and understand any challenges they may have in completing their annual appraisal, which is a GMC requirement. These doctors will be actively supported to complete their 2019 appraisal in a timely manner.

Appraisal information was presented for 2020 as at 11/01/22, which highlights that 60% have been completed, 17% are in progress and 23% are not completed. She noted that these rates sit within the national limit.

Ms Donaghy asked for assurance that Locum Doctors appraisals are completed. Dr O’Kane explained that Locum Doctors are employed by an agency and it is their responsibility along with the GMC to ensure their appraisals are completed. She added that the Trust do ask the agency that appraisals have been completed, signed off and that any concerns are highlighted to the Trust. Dr O’Kane provided assurance that the Trust is in regular contact with the GMC liaison officer.

In responding to a question asked by Mrs McCartan, Dr O’Kane explained that the GMC does not require an appraisal each year, however the Trust requires that doctors undertake one appraisal each year to drive a culture of personal development, opportunity for learning and improvement to anticipate professional governance concerns at an early stage. Mrs McCartan welcomed the Medical Revalidation Oversight Group, which meets monthly. She commended Katie Shields, Acting Medical Revalidation Manager on the development of a “Patient Feedback App”. Dr O’Kane advised that this Southern Trust initiative has now been rolled out in the Northern and South Eastern Trusts.

Mr Wilkinson welcomed the progress on appraisals and revalidation. He asked what the challenges are to ensure that appraisals are signed off. Dr O’Kane stated that releasing doctors to undertake appraisals is challenging. She noted that a number of assurance systems are used to extract data from Governance systems in relation to doctors to assist with their appraisal such as complaints, Datix incidents, medical negligence claims and care opinion and at times retrieving this information may create a delay in completing the appraisal signoff. Mrs Trouton added that work is in progress to improve and strengthen the link from care opinion data into appraisals. Dr O’Kane advised that appraisal and revalidation is built into the monthly divisional governance meetings with divisional medical directors who provide an overview on the progress of appraisals for their area. She added that work is ongoing with Dr Rose McCullagh to extend feedback from GPs to inform the Appraisal process for hospital doctors.

Mrs Magwood enquired if the same appraisal process will be introduced to other medical staff. Dr O’Kane advised that work is underway by the GMC to register Physician Associates and from this, appraisals and revalidation will be undertaken.

11. EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY AND AHPS REPORT

Mrs Trouton presented the above name report which provides an overview of the work undertaken by Nurses, Midwives and Allied Health Professionals across all areas of care in the Trust and in particular the work of the Corporate team. It covers the areas of Workforce, Education & Training development programmes, Professional Practice, Safety & Quality, Bereavement care, research service improvements and service developments.

Mrs Trouton guided members through the report highlighting areas of good practice and achievements. She was pleased to report that the region’s first ever BSc Hons Paramedic Sciences programme within Ulster University welcomed 40 students to the Magee campus in September 2021. The course will support the development of the paramedic profession in Northern Ireland and further afield.

In relation to Dysphagia, Mrs Trouton spoke of the extensive work undertaken to highlight the importance of Dysphagia, reducing choking and continue to influence and shape the Regional Public Health campaigns by developing resources/ posters/ videos to ensure the public as well as staff had an awareness of Dysphagia and the management of same.

Nursing, Midwifery Education and Workforce was discussed. Mrs Trouton stated that a particular focus for the Corporate Nursing and Midwifery team in 2021 was to provide opportunities for Nurses and Midwives to enhance their leadership skills. In order to build leadership capacity at different levels several Trust programmes have been planned for Band 8a, Band 7 and Band 6 Nursing and Midwifery staff over 2021- 2022. It is envisioned that these programmes will be in place early this year.

Mrs Trouton informed members that work is underway by the bereavement co-ordinator to address the education and learning needs of staff and volunteers who support grieving people within statutory, voluntary, independent and community settings. Poor communication is the issue most commonly reported by relatives. A number of education initiatives are being put in place to develop communication skills and confidence with doctors and nurses.

Mr McDonald noted his concern that the regional vacancy rate within Physiotherapy, as at 30th September is 12% and the Trust rate is 16.8% and asked how the Trust is addressing this. Mrs Trouton advised that although it is early days, the region are considering different innovative ways to address the capacity gap by introducing apprenticeships and pathways from the Open University, similar to the route for Healthcare Assistants.

Mr McDonald enquired how the nurse to bed ratio has been affected throughout the pandemic. Mrs Trouton advised that nurse to bed ratio is monitored on a daily basis through the e-health roster and the safe care programme. She provided assurance that the ratio is largely safe, using a significant number of bank and agency staff to ensure agreed staffing levels are in place however due to short notice sick leave and covid absences this may fluctuate at times. The Directorate operational teams work very hard to monitor nursing levels throughout the day and evening taking appropriate action to address staffing gaps. The Chief Executive stated that the Trust has the lowest nurse to bed ratio with the resources available. He noted that Ms Teggart is in discussions with the HSCB to address this as he felt that the Trust is financially efficient but work is required to re-adjust the balance in relation to safety efficiency. Members requested that the Performance Committee undertake a deep dive into the nurse to bed ratio, to which Mrs Leeson and Mrs Trouton agreed to take forward.

A discussion ensued on the length of the report and consolidating it. Mrs Trouton agreed to review the content of the report; however,

members agreed that the information was important and that the teams welcome the opportunity to promote their areas to Trust Board through this report.

ACCOUNTABILITY

12. FINANCIAL PERFORMANCE REPORT (ST1086/22)

Ms Teggart presented the Finance Report for approval and stated the current deficit at month 9, December 2021 is £5.2m. She assured members the Trust continues to work towards a break-even position for financial year-end.

Ms Teggart continued to guide members through the report and highlighted the key points; Covid-19 response & Rebuild costs are fully funded in the reported position. The Trust has also secured some additional funding from October Monitoring Round against baseline deficits which has contributed to the overall positive movement in month, along with the impact of savings plans as notified to date. Further savings are expected in subsequent months due to the profile of release of same. £426m on Payroll at Month 09; this is £12.2m more than budget. The main areas of overspend being Medical and Nursing which have expenditure in excess of budget of £7.7m and £8.4m respectively. Flexible payroll arrangements have now cost the Trust £63.7m with 1,499 Wte's employed during December 2021 on these arrangements. Non-pay expenditure is cumulatively below budget by £7m. The main budget line showing reduced expenditure is Residential, Nursing and Domiciliary Care at £5.2m. This line is reflecting the unplanned expenditure benefit which has accrued as a direct result of the Trust's response to Covid-19. Income from Non-RRL sources now totals £30.3m.

Ms Donaghy queried the funding for the Urology Inquiry. Ms Teggart confirmed that funding has not been made available from the Department of Health and the Trust is solely responsible for funding the inquiry. She advised that she is working with Mrs Trouton to seek funding as the Belfast Trust received funding for the Neurology Inquiry.

Mrs McCartan asked for further clarity on the AfC pay award. Ms Teggart confirmed that the Department of Health allocated the funding to each Trust.

Mrs McCartan referred to the £6.7m spend on community residential and domiciliary care within Mental Health and asked what actions are being taken to reduce this. Dr O'Kane provided background on the

reasons for the extensive spend and explained how the service users have complex needs, specialised care is required and the lack of regional placements and providers is an issue. She added that this is a regional issue and work is underway at the Department to review other potential providers in the third sector. Mrs McCartan stated that she would like to see a positive improvement in this area and Dr O’Kane agreed to include an update into the Dorsy Unit report on the progress/actions taken to address the significant positive budget variance in MHLD in relation to complex discharges/transitions.

Action: Dr O’Kane / Mrs Trouton

The Board approved the Financial Performance Report (ST1086/22)

13. CORPORATE PARENTING PROGRESS REPORT

Mr McCafferty presented the corporate parenting progress report. He reminded members that the Trust is required to provide a 6 monthly report to HSCB to provide assurance on compliance and to ensure the Trust Board is fully briefed on its Corporate Parenting responsibilities. The report provides a statistical update on the services Statutory functions and Corporate Parenting responsibilities and it contributes to information gathered on a regional basis regarding activity and performance in children’s social work services. Additionally the report incorporates information on population, projections and deprivation across N. Ireland.

Mr McCafferty provided an overview of where services are at as society moves out of the Pandemic. He stated that the number of Looked after Children continues to increase, in addition to the increased number of children on the child Protection register and general referrals into the social work service. There is evidence of a co-relation between increased demand and the impact of the Pandemic.

In relation to short breaks (Children with Disability), there has been a steady increase in provision over the past 3 recording periods which is to be welcomed considering the impact the Pandemic had on children with Disabilities and their families.

Mr McCafferty reported that the number of foster carers has increased and now stands at 481, which is beginning to reflect a post Pandemic recovery in recruitment activity, which is to be very welcomed.

The Scaffold Service completed an evaluation of the Southern Trust Residential Support Team that has resulted in the Southern Trust model of service delivery being recommended for regional development as well as successful allocation of recurrent funding.

Mrs Leeson welcomed the increase in short breaks and the increase in the number of foster carers. She asked how the children have coped throughout the pandemic. Mr McCafferty advised the pandemic has had a significant impact on all children and young people across the service and with school closures this impacted vulnerable children and families considerably. He added that the covid-19 forced a number of families into poverty as reflected in referrals to the service. Mrs Leeson commended the work that the Family Intervention Team do on a daily basis and the difference that their work makes.

Mr Wilkinson commented that the therapeutic support available to those in Carrickore has been welcomed and he could see how the children and young people benefited from this. Mr McCafferty spoke of the challenges that the introduction of Infection, Prevention and Control measures put in place across the homes had an impact on the children and young people. He noted that work is progressing to lift a number of restrictions.

In responding to a question from Ms McKinney, Mr McCafferty explained that a number of early years and childminders were impacted by the pandemic and had to close. He advised that the Trust continues to promote and develop this again and the number has started to increase.

Mr McCafferty left the meeting at this point

14. GOVERNANCE COMMITTEE

– **Committee Chair Report from 16th November 2021**

Ms Mullan presented her Committee Chair Report from the meeting held on 16th November 2021

– **Minutes of meeting held on 9th September 2021**

Ms Mullan presented the minutes of the Governance Committee meeting for information purposes.

– **Committee Work Programme 2022 (ST1087/22)**

Ms Mullan presented the Committee Work Programme for approval.

The Board approved the Committee Work Programme 2022 (ST1087/22)

15. PERFORMANCE COMMITTEE

– **Committee Chair Report from 2nd December 2021**

Mrs Leeson presented her Committee Chair Report from the meeting held on 2nd December 2021

– **Minutes of meeting held on 2nd September 2021**

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

– **Committee Work Programme 2022 (ST1088/22)**

Mrs Leeson presented the Committee Work Programme for approval.

The Board approved the Committee Work Programme 2022 (ST1088/22)

16. PATIENT & CLIENT EXPERIENCE COMMITTEE

– **Committee Chair Report from 9th December 2021**

Mr Wilkinson presented his Committee Chair Report from the meeting held on 9th December 2021

– **Minutes of meeting held on 16th September 2021**

Mr Wilkinson presented the minutes of the Patient and Client Experience Committee meeting for information purposes.

– **Committee Work Programme (ST1089/22)**

Mr Wilkinson presented the Committee Work Programme for approval.

The Board approved the Committee Work Programme (ST1089/22)

17. APPLICATION OF TRUST SEAL (ST1090/22)

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 (ST1090/22)

18. 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.

19. 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 advised that Mr Shane Devlin, Chief Executive, was taking up a new post with NHS England, Mrs Aldrina Magwood, Director of Performance and Reform, was taking up the role of Assistant Chief Officer for Strategic Planning and Transformation with the PSNI and Mrs Jane McKimm, Head of Communications has taken up the role as the Programme Director for the Public Inquiry and Trust Liaison. On behalf of the Trust Board, the Chair thanked them all for their contribution to the work of Trust Board over the years and wished them well in their new posts.

Members, staff and public attendees undertook a zoom poll for their feedback on the meeting.

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, 31st March 2022 at 11.00 am.

The meeting concluded at 1.30pm

SIGNED: _____

DATED: _____