

**Minutes of a Virtual Trust Board meeting held on
Thursday, 31st March 2022 at 11.00 a.m.**

PRESENT

Ms E Mullan, Chair
Mrs M O’Kane, Temporary Accounting Officer / Medical Director
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, 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
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 L Leeman, Interim Director of Performance and Reform
Mrs M McClements, Director of Acute Services
Ms J McGall, Director of Mental Health and Learning Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs R Rogers, Head of Communications
Mrs S McKinney, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (*Minutes*)

APOLOGIES

Mr M McDonald, Non-Executive Director.

1. CHAIR’S WELCOME

The Chair welcomed everyone to the virtual meeting including Mrs Susan McKinney, Boardroom Apprentice 2021, along with Dr Maria O’Kane, recently appointed as Temporary Accounting Officer, Mrs Lesley Leeman, appointed to the post of Interim Director of Performance and Reform and Ms Jan McGall, appointed as Director of Mental Health and

Disability Services. The Chair recorded thanks to both, Dr O’Kane and Mrs Heather Trouton respectively, for covering the Director of Mental Health and Disability role until the post was recruited to on a permanent basis. At this point, the Chair particularly welcomed four members of Trust staff from the Older People and Primary Care Directorate and stated that she would appreciate their feedback in terms of what they will learn at today’s meeting and how they take this learning back to their colleagues. Regular public attendees were also welcomed to the meeting.

On behalf of member’s, the Chair recorded best wishes to Mrs Margaret Devlin, Staff side Unison rep on her impending retirement and wished her well for the future.

The Chair advised that in light of the pre-election period Purda, a number of questions submitted by Mr Francis Gallagher, DHH Pathfinder will be responded to in writing following the meeting. A further question submitted by Unison representative, Ms Deborah Yapicioz, will be addressed by the Director of Human Resources and Organisational Development, under Item 3, Chair’s remarks.

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

At the outset, the Chair advised of a Unison demonstration taking place at Craigavon Area Hospital (CAH) roundabout, for fair pay, safe staffing levels and financial support for Trust Domiciliary Care Workers in light of increasing fuel costs. She thanked Ms Yapicioz, UNISON representative, for her attendance at Trust Board and representation on behalf of Trust staff. At this point, the Chair invited the Director of Human Resources and Organisation Development to provide an update on what is being done both regionally and locally to address the issue in respect of mileage.

Mrs Toal advised that in light of the recent significant increases in fuel costs, employers, Trade Unions and Department of Health (DoH) representatives in Northern Ireland (NI) have been involved in both

national and local discussions on a potential review of the Agenda for Change (AFC) mileage rates. She emphasised this encompasses all Community staff, however acknowledged the extensive mileage Domiciliary Care staff undertake as Band 2 and 3 staff. Members noted the current AFC staff mileage rates and the ongoing discussion through the Staff Council to explore options for amendment to the current reimbursement rates for mileage.

Mrs Toal advised the Trust has provided the DoH with information on the impact of the higher fuel costs for staff and also from a service point of view. Unfortunately, the DoH have advised that any local deviation from nationally agreed mileage rates is not possible in the current pre-election period, however any change to the national terms and conditions agreed at NHS Staff Council could be introduced on a NI basis. BSO Payroll have confirmed that the mileage threshold will re-set on the 1st of April to the higher 56p rate and she pointed out this may alleviate some of the current pressures at an extremely challenging time.

The Chair thanked Mrs Toal for providing a concise update and confirmed a full written response will be issued to Ms Yapicioz, UNISON following the meeting.

4. EMERGING ISSUES

Dr O’Kane highlighted a number of emerging issues including:-

- a) The launch of a new 10 year Strategy that aims to deliver top class outcomes for people in Northern Ireland diagnosed with cancer.
- b) From 28th February 2022 all emergency general surgical patients requiring inpatient assessment in the Southern Trust have been admitted to Craigavon Area Hospital (CAH). An update will be provided under Item 7 on the agenda.
- c) The Trust identified an issue with Coronavirus (COVID-19) test results with a batch of swabs taken between 11th – 16th February 2022.
- d) The Regional Health and Social Care Board (HSCB) ceases operation on 31st March 2022. Responsibility for its functions will transfer to the Department of Health as part of a wider transformation of HSC services in Northern Ireland.

5. MINUTES OF MEETING HELD ON 27TH JANUARY 2022

The minutes of the meeting held on 27th January 2022 were agreed as an accurate record subject to one minor amendment.

Page 5 – ‘Consultant in Emergency Surgery’

to be amended to

‘Consultant in General Surgery’

The Board approved the minutes of the meeting held on 27th January 2022

6. MATTERS ARISING

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

7. SURGICAL SERVICES IN THE SOUTHERN TRUST

Mrs McClements provided a comprehensive update in respect of General Surgical Services since the last meeting. She stated that contingency arrangements came into place on 28th February 2022 meaning that admissions for surgery and ambulatory services would be on the single site of CAH for the contingency period. The transition has progressed well and live feedback from patients/community voices and clinical staff within the Trust, as well as Primary Care has been positive. There has been a focus on patient safety throughout and ensuring best patient outcomes are achieved, along with delivering an equitable service across the Southern population. Workforce stabilisation has been a focus in terms of both, the general surgeons and the multi-disciplinary team for both surgical and Medical wards, as a result of the increased medical bed footprint in Daisy Hill Hospital (DHH) following the move.

Members noted that in parallel, the Project Oversight Group is engaging with a variety of working groups on what a sustainable model will look like for the future, working toward public consultation stage. Members noted the project has been challenged on a number of fronts including Covid, as well as bedding in a new service model and ensuring communication is effective. Mrs McClements assured members that learning is of high importance throughout the project. Members considered the detail on, what the contingency model has meant for both DHH and CAH. Mrs McClements said it was important to note the Emergency Theatre List has been maintained and is actively being used

by the specialities resident in DHH. The General Surgery Team have a presence on the DHH site, Monday – Friday and also on-call cover has been in place for both acute sites on a 24/7 basis.

The Trust Communications team is working closely with staff to ensure messaging is effective out into the Community and to all interested stakeholders and staff teams.

In conclusion, Mrs McClements drew member's attention to the Project Timescales, which would see a 12 week formal consultation period running from 30th June – 23rd September 2022. Following this, a 4 week review of responses and outcome report will be developed prior to the outcome determination at Trust Board on 27th October 2022.

At this point Mrs McClements took time to address a question submitted in advance of the meeting:- She advised the funding establishment for Southern Trust General Surgeons is for fifteen, nine of which are for the CAH site, based on the workplan and patient groups they work with and the remaining six aligned to DHH. Mrs McClements reminded members posts are advertised Southern Trust wide and typically have a base hospital, however it is becoming increasingly difficult to recruit directly to DHH and meeting the needs of the speciality interests of surgeons. There is an expectation that all surgeons work across all sites to meet the patient needs. Members were advised recruitment is under consideration at the moment with the clinical teams. Mrs McClements emphasised it was important to develop a job description and job specification that is attractive. She stated that without pre-empting the outcome of the consultation period or the outcome of a new service model, the Trust would proceed to advertise in order to increase its pool of general surgeons to meet the patient needs across our sites. Mrs McClements assured members she was content in terms of the organisations direction to get the right model, to keep patients safe in the contingency period and to work with key stakeholders to get to a better place in terms of General Surgery in the Southern Trust including the regional working group.

Discussion ensued and Ms Donaghy referred to page 5 of the paper and asked, how many of the 46 patients admitted to emergency general surgery in CAH from 28.2.2022 – 17.3.2022 proceeded to emergency surgery. Mrs McClements agreed to provide some further detail following the meeting.

Action – Mrs McClements

Ms Donaghy also asked about transportation and if there were any Serious Adverse Incidents (SAI's) in relation to delays, for those patients having a longer journey to CAH. In response, Mrs McClements confirmed there were no SAIs in relation to delays, however the Trust has had some recent publicity and explained this referred to patients delayed in ED due to overcrowding. She went on to advise that Dr O'Kane and herself attended a recent Council meeting with the Northern Ireland Ambulance Service (NIAS) and they reported directly they are happy with the contingency arrangements to date.

Mr Wilkinson emphasised the continuing importance of evaluation and feedback to communities and stakeholders and stated it is vital this is continued as the project progresses. He asked if there has been any Patient Client Assessment in regards to the experiences of the changes made and consulted feedback of the changes, focusing on quality of service and safety. Mrs McClements stated she was conscious of the need to ensure the communication and engagement pathway was good. She also spoke about the need to grow best use of promoting 'Good News Stories' and also promote the Service User Voice. Members were reminded about the important work undertaken through the Service User Forum. In regards Patient Client Assessment and Experience, Mrs McClements updated on a live feed and daily check on patients that have experienced the ambulatory model, which captures any setbacks on their journey and added she hoped this would progress onto a more formal footing, which will assist with learning. Feedback from General Surgery Consultants has been very positive to date.

In conclusion, the Chair thanked Mrs McClements for a very helpful update. She welcomed the evidence that the mitigations and considerations put in place are working. She also welcomed the protocols and partnership approach with the NIAS as positive and emphasised the importance of the Patient Client Experience and Staff element. Dr O'Kane referred to the significant clinical engagement around the process and emphasised staff are keen to see that patients get a good service which has been interwoven throughout.

8. SUMMARY OF CAPITAL & REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1091/22)

Mrs Leeman 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 January 2022 – 31st March 2022. 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 Leeman reported that there are 3 revenue proposals from £300,000 - £1million, 1 revenue proposal greater than £1million and 2 capital proposals from £300,000 - £1million and the detail of each proposal was included in the report.

Mrs McCartan asked if the funding was confirmed at this stage for all schemes to which Mrs Leeman state it was, however it was not all on a re-current basis.

The Board approved the Summary of Capital and Revenue Proposals in Excess of £300,000 (ST1091/22)

CULTURE

9. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT

Mr McCafferty presented the Executive Director of Social Work report for assurance and stated that despite challenges, the profession as a whole, continues to be highly compliant with Delegated Statutory Functions.

In particular, members noted the ongoing challenges around the Implementation of the Mental Capacity Act (MCA), along with the significant vacancies in social work across all programmes of care. The high numbers of unallocated children's social work cases were also alluded to directly linked to increased demand for services and substantive social work vacancies.

Mr McCafferty advised hospital social work remains very busy with focus on assisting patient flow and Safeguarding considerations. Maintaining optimum levels of staffing across all services continues to be a significant challenge. Members noted the anticipated impact on all aspects of social work as a result of Ukrainian refugees arriving into the Southern region.

In conclusion, Mr McCafferty stated it was important to note the impact the pandemic has had on the most vulnerable families, however despite challenges, social work and social care across all disciplines has stood up and tried to respond, innovate and shape how services are delivered.

Ms Donaghy highlighted the 86 permanent vacancies across social work detailed on page 5 and asked, how much staffing levels are down in

percentage terms. Mr McCafferty advised Children's services in the main have experienced vacancies of between 20-25%; however Gateway/Child Protection/Family Intervention services are recording levels closer to 30-35%. Adult services have 15-20% vacancies in front line posts. In response to a further question from Ms Donaghy on the revival of social work assistants, Mr McCafferty emphasised the posts would be helpful however will not fully compensate to substantive social work vacancies. He pointed out the cohort of 250 students qualifying this year will not be sufficient to meet the number of vacancies across the region and stated the Trust has been seeking to increase the level of non-social work-qualified staff and match against particular parts of the service. Members were mindful of the associated challenges, however welcomed plans to address challenges into the future.

Mr Wilkinson asked firstly for a position on compliance with the Mental Capacity Act (MCA) and secondly for reassurance, that whilst there are vacancies in Social Work, the risk in Unallocated Child Care Cases (UCC) is minimised and there is no one at risk. In responding, Mr McCafferty stated progress has been good in respect of MCA and currently, the Trust is fully compliant with Phase one, however there are still a significant numbers of MC obligations to be addressed under Phase two and work which is progressing. Mr McCafferty reminded members, unallocated cases are directly linked to social work vacancies and a high demand for services. He stated that currently the Trust has no known Child Protection Cases or any Looked After Children (LAC) that are unallocated, however he emphasised that to have any unallocated social work referrals brings a degree of risk and assured members a robust process is in place to escalate priority issues.

In relation to the Domiciliary Care Service, Mrs McCartan asked for an update on the 545 outstanding community care packages. Mr Beattie advised of an increase to 590 as of 30th March 2022, however he stated good progress was being made following the appointment of a recruitment liaison officer and work is underway to increase capacity in-house. The Trust continues to work alongside Independent Sector (IS) partners to strengthen processes and working relationships. Mr Beattie welcomed the additional funding of around £23m from the DoH until financial year end 2022 to bolster the hourly rate for both Domiciliary Care and Care Homes.

Mrs McCartan commended the establishment of the Social Work Governance Lead post and also the establishment of the Adult Disability Social Care Governance Forum. Mr McCafferty emphasised these initiatives will be positive and also essential in terms of ensuring good

Governance and support mechanisms but also a pathway to training and development. It is planned to further develop and upscale this work on a cross directorate basis.

10. HUMAN RESOURCES REPORT

Mrs Toal delivered a comprehensive presentation on 'Creating a flexible working culture' and referred to its timeliness in light of the workforce challenges highlighted by Mr McCafferty in the previous agenda item. At the outset, she provided a brief overview of some of the key changes to Section 33 of 'Balancing Work and Personal Life' of the national NHS handbook. The presentation set out findings from regional research commissioned via the HSC Leadership Centre in relation to the experiences/views of staff on current flexible working for them, along with a summary of what the Trust's immediate plan is in terms of how it will implement the changes. Changes will 'Go Live' in Northern Ireland, on 1 April 2022, however awareness raising and training will progress on an ongoing basis. Members were mindful a collective approach from Senior Management down was required to both understand and champion the need towards a more flexible working culture.

A summary of results from the HSC flexible working survey, January/February 2022 showed there were 1,972 Trust respondents, of which 82% indicated that the ability to work flexibly was extremely important to them. Barriers to flexible working included, i) Demands of the service, ii) Management buy-in and iii) Organisational culture.

In conclusion, Mrs Toal advised a HROD Task and Finish Group has been established to take forward a timeline of actions to implement the changes across the Trust and she asked members to thoughtfully consider "How Trust Board can champion flexible working for the Trust"? and emphasised it's importance as a key cultural issue for the Trust.

Discussion ensued and Mr Wilkinson welcomed the flexible working concept. He acknowledged there needs to be a cultural change in order to secure the staffing needed to deliver a safe and ongoing service, however recognised that care was required in order to maintain quality of service for patients. Mr Wilkinson asked if there were any financial implications for the Trust with flexible working patterns and if a move to a totally flexible service was envisaged. Mrs Toal stated line managers have alluded to challenges they face in terms of balancing flexible working requests while ensuring a safe, quality service is maintained. She emphasised support to line managers is essential to enable robust conversations with staff on requests, as well as ensuring staff feel valued.

Regarding financial implications, Mrs Toal stated she was not expecting an increase in the Organisation's overall cost pressures as a result of implementation. She emphasised the process will be a stepped approach on an ongoing basis.

Both Mrs Trouton and Mrs McClements recorded their support for the process however raised the challenges it will bring in terms of clinical staff working shift patterns and said it was important to factor in equity for all staff. Mrs McClements emphasised the need for positive messaging, in terms of what can/cannot be achieved for staff. Mr Beattie pointed out the need to be mindful of the different generations represented across staff and their aspiration, whether for career development or the achievement of the work life balance. Mrs Toal acknowledged this and stated some profiling work had been undertaken in terms of millennials and other 'generations' which has been very helpful.

In response to a question from Mrs Leeson on the current initiative of 'Working from Home' for those staff where this is possible, Mrs Toal updated members on a planned staff engagement piece around the 'Future of Work' commencing with those working from home on a hybrid basis during the pandemic. Ms Donaghy alluded to possible challenges at recruitment stage to which Mrs Toal stated robust exploration of all posts in terms of flexible working was important in advance of recruitment.

In conclusion, the Chair asked if the work to date has captured for staff, what flexible working looks like for them. Mrs Toal confirmed yes, and advised the findings to date have identified staff were broadly content with the range of options, however accessing them is where challenges arise.

ACCOUNTABILITY

11. FINANCIAL PERFORMANCE REPORT (ST1092/22)

Ms Teggart presented the Finance Report for approval and stated the current deficit at month 11, 28 February 2022 is £2.2m however, she assured members the Trust continues to work towards a break-even position for financial year-end. Ms Teggart advised uncertainties remain around year-end accruals and stated the Trust awaits guidance from the Department of Health (DoH) on accounting treatments.

Members noted Covid-19 response and rebuild costs are fully funded to £60m with £57m expended at the end of month 11, however no funding

has been secured to date for the Urology Public Inquiry. Ms Teggart drew attention to the considerable spend on Payroll with £535m utilised at 28th February 2022; £10.6m more than budget and members noted the main areas of overspend. At the end of Month 11, the Trust spent £80m on flexible payroll with 1,477 Wte's employed during February 2022 on these arrangements. Non-pay expenditure is cumulatively below budget by £7.7m as a result of reduced expenditure in Residential, Nursing and Domiciliary Care and members noted 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 £37.2m.

In conclusion, Ms Teggart advised that in the absence of a functioning Executive, a Budget will not be allocated to Trusts on 1 April 2022. Departmental advice is the budget allocated in 2021/22 will roll forward into the 2022/23 financial year. Ms Teggart alluded to the challenges ahead in terms of entering into the new financial year with a projected deficit. She also pointed out 9% of overall budget is non-recurrent and stated this brings instability in terms of not being able to recruit on a permanent basis. Ms Teggart advised she would keep Board members abreast of the Budget for 2022/23 year as information is communicated from the DoH.

The Chair referred to the graph which demonstrates Agency, Bank, Locum spend 2021/22 and pointed out that in light of recent good progress in recruiting Consultants from Locum posts there does not appear to be a shift. Mrs McClements said the cost avoidance project of converting Locum posts to substantive has been very successful, however she explained that the complex needs of patients, along with the pressure of four additional wards all of which require medic cover, has meant expenditure in this area has not reduced as significantly as the Trust would have liked.

Mrs Toal updated members on progress in terms of a regional approach to Medical locum rates and the Trust internal banks for medical staff. She stated she was hopeful that following a meeting with the DoH and their support, progress could be achieved in terms of getting rates under control. Dr O'Kane advised that the number of junior trainees transferring to substantive training posts is going down year on year in NI and stated this was concerning in the context of driving up the Locum spend. Mrs McCartan asked the reason for this, to which Dr O'Kane stated pay and conditions, was a key factor. The Chair emphasised the need for a regional solution.

Mrs McCartan asked about the positive Non-Pay variance of £8m within the Mental Health and Disability Directorate on Community, Residential and Nursing and asked why this money has not been expended. In responding, Ms McGall said there had been a historic underspend associated with the change from bed based care to community based care. She also advised the Trust had attracted new funding however this has not been utilised in year and alluded to challenges sourcing bespoke placements for some patients within Memory services and Learning Disability. On a positive note, Mrs McCartan pointed out the underspend within Mental Health and Disability was assisting the Overspend within Acute, however she emphasised the importance of ensuring funding for particular projects in Mental Health is utilised in the best possible way for patients. Ms McGall agreed and advised the Directorate is working along with Finance colleagues, to undertake a return to balance exercise.

Ms Teggart acknowledged the impact and possible risk moving forward if all other areas spend up to their commissioned budget and said there was work to do in terms of prioritising and allocating our budget to the areas where it is needed.

The Board approved the Financial Performance Report (ST1092/22)

12. TRANSFORMATION PROGRAMME SUSTAINABILITY UPDATE

Mrs Leeman presented a high-level summary update on the Transformation Programme and sustainability moving into 2022/23.

The Trust has been working with between 80-90 transformational schemes over the last number of years and members reflected on a number of positive outcomes. Mrs Leeman pointed out that during 2021/22 the Trust received a total recurrent investment for Transformation initiatives of £9.5m (excluding DHH Pathfinder), which did not fully cover the cost of these schemes. A recurrent funding gap of c£3.1m remains. She advised, it is planned that in 2022/23 the remaining recurrent gap will be funded from recurrent Demography funding available to the Trust pending approval from the HSCB and would bring these transformational schemes onto a more sustainable footing moving forward.

Mrs McCartan suggested it would be important to see transformational initiatives showcased within the Annual Report and Accounts, given the investment from the DoH. Mrs Leeman confirmed staff were currently

working through the process and transformational work will be built in, to display delivery throughout the year.

Ms Teggart stated it was important to note that whilst recurrent funding is available and welcomed, it is not enough and additional funding is required to expand these transformational services. Mr Wilkinson asked if there was a likelihood that any of the projects could be shelved, bearing in mind the pressures on the budget. Ms Teggart said she would envisage non-recurrent projects to be less secure.

13. SHSCT MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

Ms Teggart reminded members that in line with section 1 of the Management Statement, a copy is tabled for the information of Board members on an annual basis and establishes the framework, agreed with the Department of Health (the sponsor Department), within which the Southern HSC Trust will operate. The associated Financial Memorandum sets out in greater detail certain aspects of the financial provisions which the Trust shall observe.

Ms Teggart pointed out the Management Statement and Financial Memorandum (MSFM) have not been updated since September 2017 and reminded members the DoH intend to replace the MSFM with a 'Partnership Agreement' between the Trust and the DoH. Due to the suspension of Governance arrangements throughout the pandemic this has not progressed.

Members noted the DoH have not yet made plans to commence the Partnership Agreements however have indicated that work will commence in 2022-23

The Chair asked Ms Teggart to liaise with DoH colleagues on the matter and suggest the Trust are happy to assist them in progressing a draft Partnership Agreement. Ms Teggart agreed to take this forward.

Action – Ms Teggart

14. TRUST BOARD SCHEME OF DELEGATION TO COMMITTEES (ST1093/22)

The Chair presented the above named document and reminded members that in line with good governance practice, the Board is required to annually approve a Scheme of Delegation to its Committees. Members noted Trust Board is currently supported by six Committees to which it has delegated specific powers as outlined within the document.

The Board approved the Committee Terms of Reference (ST1093/22)

15. ENDOWMENTS & GIFTS COMMITTEE

– **Committee Chair Report from 24th January 2022**

Ms Donaghy presented her Committee Chair Report from the meeting held on 24th January 2022.

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

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

– **Revised Terms of Reference (ST1094/22)**

Ms Donaghy presented the Committee Terms of Reference for approval.

The Board approved the Committee Terms of Reference (ST1094/21)

16. AUDIT COMMITTEE

– **Committee Chair Report from 3rd February 2022**

Mrs McCartan presented her Committee Chair Report from the meeting held on 3rd February 2022.

Mrs McCartan advised that an additional Audit Committee has been arranged for Tuesday, 5th April 2022 to review as many Internal Audit Reports as possible in order to assist with year-end reporting.

– **Minutes of meeting held on 14th October 2021**

Mrs McCartan presented the minutes of the Audit Committee meeting for information purposes.

– **Revised Terms of Reference (ST1095/22)**

Mrs McCartan presented the Committee Terms of Reference for approval.

The Board approved the Committee Terms of Reference (ST1095/22)

17. GOVERNANCE COMMITTEE

- **Committee Chair Report from 10th February 2022**
Ms Mullan presented her Committee Chair Report from the meeting held on 10th February 2022.
- **Minutes of meeting held on 16th November 2021**
Ms Mullan presented the minutes of the Governance Committee meeting for information purposes.
- **Revised Terms of Reference (ST1096/22)**
Ms Mullan presented the Committee Terms of Reference for approval.

The Board approved the Committee Terms of Reference (ST1096/22)

18. PATIENT & CLIENT EXPERIENCE COMMITTEE

- **Committee Chair Report from 3rd March 2022**
Mr Wilkinson presented his Committee Chair Report from the meeting held on 3rd March 2022.
- **Minutes of meeting held on 9th December 2021**
Mr Wilkinson presented the minutes of the Patient & Client Experience Committee meeting for information purposes.

19. PERFORMANCE COMMITTEE

- **Committee Chair Report from 10th March 2022**
Mrs Leeson presented her Committee Chair Report from the meeting held on 10th March 2022.

Mrs Leeson advised she has written to the Trust Chair/Temporary Accounting Officer regarding the Committee's concerns around Stroke Services. She welcomed the Action Plan currently in place and stated she has requested the matter would come back to Performance Committee in due course.

- **Minutes of meeting held on 2nd December 2021**

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

20. APPLICATION OF TRUST SEAL (ST1097/22)

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 (ST1097/22)

21. CHAIR AND TEMPORARY ACCOUNTING OFFICER'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 Temporary Accounting Officer 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.

22. ANY OTHER BUSINESS

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

In conclusion, the Chair recorded thanks to everyone for their attendance and participation in the virtual meeting and advised the next meeting would take place on Thursday, 26th May 2022 at 9.30 a.m.

The meeting concluded at 1.40 p.m.

SIGNED: _____

DATED: _____