

**Minutes of a Virtual Trust Board meeting held on  
Thursday, 29<sup>th</sup> September 2022 at 10.15 a.m.**

**PRESENT**

Ms E Mullan, Chair  
Dr M O’Kane, Chief Executive (*item 15 onwards*)  
Ms G Donaghy, Non-Executive Director  
Mrs P Leeson, Non-Executive Director (*items 1 – 10*)  
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  
Ms C Teggart, Director of Finance, Procurement and Estates (*item 18 onwards*)  
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health  
Professionals  
Dr D Gormley, Deputy Medical Director (*for Dr Scullion*)

**IN ATTENDANCE**

Mr B Beattie, Interim Director of Older People and Primary Care  
Mrs C Cassells, Assistant Director of Financial Management (*for Ms Teggart*)  
Mrs J McConville, Assistant Director Corporate Planning (*for Mrs Leeman*)  
Ms J McGall, Director of Mental Health and Disability Services  
Mrs C Reid, Interim Director of Unscheduled Care  
Mrs T Reid, Interim Director of Surgery & Elective Care, Cancer & Clinical  
Services & Integrated Maternity & Women’s Health  
Mrs V Toal, Director of Human Resources and Organisational Development  
Mrs P McKeown, Communications Manager (*for Mrs Rogers*)  
Mrs S Judt, Board Assurance Manager  
Mrs L Gribben, Committee Secretary (*Minutes*)

**APOLOGIES**

Mrs L Leeman, Interim Director of Performance and Reform  
Dr D Scullion, Interim Medical Director  
Mrs R Rogers, Head of Communications

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

The Chair welcomed everyone to the virtual meeting. She congratulated Mr Brian Beattie on his recent appointment as the Director of Adult Community Services.

At this point, the Chair particularly welcomed four members of Trust staff from the Performance and Reform 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.

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

## **2. DECLARATION OF INTERESTS**

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

## **3. CHAIR'S REMARKS**

The Chair reminded members of the Board Development Day held in August 2022 when the governance systems and structures were reviewed and a plan for change agreed.

The Chair noted that the Minister for Health shared his concern on a £400million overspend in delivering services and spoke of the cost of living crisis and the impact it has on the Trust's population health and wellbeing, which will also impact Trust staff.

## **5. MINUTES OF MEETING HELD ON 26<sup>TH</sup> MAY AND 23<sup>RD</sup> JUNE 2022**

The minutes of the meeting held on 26<sup>th</sup> May and 23<sup>rd</sup> June 2022 were agreed as an accurate record.

**The Board approved the minutes of the meeting held on 26<sup>th</sup> May and 23<sup>rd</sup> June 2022**

## **6. MATTERS ARISING**

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

## **STRATEGY**

### **7. SUMMARY OF CAPITAL AND REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1107/22)**

Mrs McConville presented the above named report which provides a summary of proposals with a capital / revenue value greater than £300,000 that have been developed between the period 1<sup>st</sup> April 2022 – 30<sup>th</sup> September 2022. All proposals have been approved via the Strategic Investment Committee internal approval process prior to funding being committed.

Mrs McConville reported that there are 14 revenue proposals from £300,000 - £1million, 4 revenue proposals greater than £1million and 7 capital proposals from £300,000 - £1million and 3 capital proposals greater than £1Million and the detail of each proposal was included in the report. She reported that the capital proposal case for the Daisy Hill Hospital Electrical Infrastructure Upgrade costing £10m is above the Trust delegated approval limit and is currently with the Department of Health for approval of funding.

Mrs McCartan asked on the timeframe for the refurbishment works to Ramone Building, CAH and the CAH Emergency Department Infill Internal Courtyard. Mrs McConville advised that it is anticipated that both these works will be completed by March 2023.

Mr McDonald stated that he was pleased to see the level of investment and funding into the Daisy Hill site. Ms Donaghy referred to the Covid - staffing for Emergency Departments in Craigavon Area Hospital and Daisy Hill Hospital and asked if these will be permanent posts. Mrs McConville explained that these relate to Covid funding and therefore it is non-recurrent. Mrs Toal added that recruitment of Consultants into the Emergency Departments is well established across both sites on an invest to save basis and spoke of the importance in avoiding the long term use of locum cover.

**The Board approved the Summary of Capital and Revenue Proposals in Excess of £300,000 (ST1107/22)**

### **8. REVIEW OF INPATIENT MEMORY / DEMENTIA SERVICES (ST1108/22)**

Ms McGall presented the above named item for approval to progress to public consultation in relation to the future of Inpatient Dementia Services in the Southern Trust. The Consultation Document, Equality Impact Assessment and Rural Needs Impact Assessment documents were included in members' papers.

Ms McGall reminded members of the background to this issue being significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age. This issue had, in May 2022, necessitated that the Trust enact an interim contingency arrangement in moving Gillis Ward to co-locate with Willows Ward on the Bluestone site, Craigavon Area Hospital, to ensure safe and effective care. Ms McGall explained that the co-location of two units offers more robust access to the wider multi-disciplinary team and allows the Specialty Doctor from Gillis ward greater access to Consultant Grade Psychiatrists on site.

Ms McGall commented that the need for safe, effective and sustainable inpatient dementia care, with suitably qualified and dedicated staffing is the driver for a proposed change in service delivery. The preferred option in the public consultation is the creation of an inpatient dementia unit within the Bluestone Unit, Craigavon Area Hospital via the use of the existing space and/or through extension of the existing facility.

In relation to engagement, Ms McGall explained that a project structure was established to oversee the review of inpatient dementia services and involved key stake holders including: staff, individuals with lived experience of using services, Trade Unions, Department of Health and Strategic Planning and Performance colleagues. Ms McGall confirmed that the consultation period will run from 3<sup>rd</sup> October 2022 until 23<sup>rd</sup> December 2022. An update on this issue will be brought to Trust Board in early 2023.

The Chair enquired how the transfer from the Gillis Unit to CAH has been for service users, their families and staff. Ms McGall stated that the service users have settled in well, especially given the reduction in space on Willows ward in comparison with Gillis Ward. Regarding staff, Ms McGall advised that staff have been supported throughout this time to continue to deliver high quality safe care.

Responding to a question asked by the Chair, Ms McGall explained the ongoing challenge of recruitment as there is a lack of Consultants in Psychiatry of Old Age throughout Northern Ireland and the recruitment

campaign in May had been unsuccessful. A further recruitment campaign is planned for October 2022.

## **The Board approved the Review of Inpatient Memory / Dementia Services (ST1108/22)**

### **ACCOUNTABILITY**

#### **9. UPDATE ON TRUST SERVICE DELIVERY PLAN**

Mrs McConville presented the Trust Service Delivery Plan. She reminded members that the Strategic Planning and Performance Group (SPPG) of the Department of Health have implemented this new Service Delivery Plan process, operationalised from 1 July 2022, which includes a broader range of services areas. Many of these areas have not been measured before and work is required to define data definitions and ensure consistency in regional application. Performance trajectories have been set for each individual service area to seek to bring service provision to pre-Covid-19 levels by the end of September 2022 (Quarter 2) or as soon as possible thereafter based on current levels of activity, but no later than end of March 2023. Service Delivery Plans are in line with the Trust's corporate priorities for 2022/2023 to improve access to elective and unscheduled care services. Trust activity and performance against the targets set for the months of July and August 2022 is included in Appendix 1.

Mrs McConville guided members through the paper and highlighted those areas of delivery on track or improving: domiciliary care, diagnostic imaging and cardiac diagnostics, mental health outpatients, stroke targets, children's social care and dental services and general acute outpatients.

In relation to those areas of risk or challenge, Mrs McConville reported on the areas of concern: cancer targets, inpatient elective activity, cardiac CT, district nursing, unscheduled care and day case attendances.

Mrs Leeson felt that it was ambitious that the Trust could return to pre-pandemic level given the current challenges including the cost of living crisis. In response to a question asked by the Chair, Mrs McConville advised that work is ongoing to achieve the return of service provision to pre-pandemic levels and updates will be fed through to the Performance Committee and Trust Board, as appropriate.

Ms Donaghy referred to the stroke targets where it states that thrombolysis appears strong in August and felt this information differentiates from the stroke information that has been presented to the Performance Committee previously. Mrs McConville explained that this information is subjective as the Stroke Sentinel National Audit Programme uses a number of wider indicators which reflects a more challenging position and it is this information that is presented to the Performance Committee.

Mrs McCartan noted the workforce challenges throughout the paper and felt reassured that work is ongoing to meet a number of targets. She asked how this information is used on a regional basis. Mrs T Reid provided assurance that demand and capacity issues, workforce challenges and single waiting list initiatives are discussed at regional meetings. She added that activity reports are submitted to the SPPG on those areas that are outliers to peers and reasons are provided to the SPPG. Mrs T Reid advised that the outcomes of these discussions are reported through to the Performance Committee.

In response to a question asked by the Chair, Mrs T Reid advised that work has been progressing well on the Rapid Diagnosis Centre at South Tyrone Hospital: recruitment is underway, estates work is ongoing to ensure there is a fit for purpose environment and she anticipated that the centre will be accepting patients from December 2022. Mrs McConville added that due to the cost which is over the Trust's delegated approval limit, a funding request has been submitted to the Department of Health and monies have been ring fenced and secured.

## **10. FINANCIAL PERFORMANCE REPORT (ST1109/22)**

Mrs Cassells presented the Finance Report for approval and stated the current deficit at month 5, ending 31<sup>st</sup> August 2022 is £7.3m, however the cumulative cost of Covid at Month 5 is c£18m. Bar Long Covid, where there is a commitment to fund Quarter 1 and 2, and PPE where there is a commitment to fund for the full 12 months, all other areas under Covid currently are funded for the first Quarter only. This has resulted in a cumulative Covid overspend of £3.2m at August 2022. However it is recognised by Department of Health that Covid costs continue and the assumption that no more funding be made available would not be achievable therefore, whilst there is some level of risk associated with this, further bids are being made by SPPG to

Department of Health on the continuing Covid costs. The core underlying deficit as at Month 05 August 2022 is therefore £4.1m.

Mrs Cassells reported that an additional saving target has been levied by the Minister of Health on the Trust to reduce off-contract agency spend by £2.507m by year-end. Based on current discussions with SPPG it is expected that the Trust's revised deficit position will be in the region of £8m. However she advised that further discussions are on-going with SPPG in an attempt to secure additional sources of funding and to work towards achieving a final projected year-end break-even outturn position. Mrs Cassells advised that an update on the deficit position will be included in the next report to Trust Board on 27<sup>th</sup> October 2022.

In relation to payroll which includes agency, bank, locum, overtime and additional duty hours, Mrs Cassells reported that to date these elements have cost £40.5m which is 16% of the total payroll spend. In August 2022 the Trust employed a total of 1,398 WTE's on these flexible arrangements. Mrs Cassells drew members' attention to appendix 2 which provides an analysis of agency, medical locum and bank spend from 2018/19 to 2022/23 forecast outturn position if current spend trend continues.

Goods and Services were discussed. Mrs Cassells reported an underspend in the Independent Sector Residential, Nursing and Domiciliary Care and attributed this to reduced referrals and lower occupancy rates in beds. She further noted an underspend of £0.9m in travel costs which was due to an increase in staff working from home and meetings conducted virtually.

Mrs Cassells advised that the Trust's prompt payment performance in the month of August was 93.9% with cumulative position to date of 94.6%. Therefore the Trust did not meet the prompt payment target in August and has now dropped just below meeting the target 95% within 30 days on the cumulative basis. This was mainly due to the system outage in August 2022 and the Trust was operating under business contingency arrangements as a result of a cyber-attack.

In concluding, Mrs Cassells advised that the year to date spend at month 5 for the capital budget is £3.6m. She reported that it is anticipated that the Trust's CRL will be spent in full by year-end.

Mrs McCartan spoke of current cost of living crisis and how this will have an impact on the energy and fuel costs for the Trust. She noted the

importance of ensuring discussions continue with the SPPG to seek to cover these additional costs. Mrs Cassells advised that SPPG have indicated that it can be assumed that increased Energy costs will be funded and therefore the financial position reported does not include any deficit associated with Energy costs.

Mrs McCartan referred to appendix 10f in members' papers 'Analysis of Agency, Medical Locum (on Trust payroll) and Bank Spend from 18/19 to 22/23 - forecast outturn position'. She noted that the current trend of spend will significantly increase in 2022/23 and asked if this is an area where the additional saving target of £2.507m will be sourced from. Mrs Cassells commented that this is an area of focus to implement this additional saving, however work is ongoing to consider all the options. She advised that savings may be achieved through moving to the use of 'on contract' agency and review those areas where there is a high usage of agency. Mrs Cassells assured member's updates on implementation of the £2.507m savings will be provided at future meetings, as appropriate.

***Action: Mrs Cassells / Mrs Toal / Ms Teggart***

In response to a question asked by the Chair, Mr Beattie confirmed that the Chief Executive is heavily involved and represents the Trust at the Integrated Care Partnership meetings where local needs of the population is discussed. He added that conversations are underway on the structures and discussions have not commenced yet on financing/budget requirements. The Chair felt that it would be beneficial to have a finance representative at those ICP meetings and Mrs Cassells welcomed this suggestion.

The Chair spoke of the Improvement in Staff Utilisation Group and asked for assurance that the Trust and Trade Unions have representation at these meetings. Mrs Toal confirmed that Mrs Trouton and herself are involved with this regional group and staff side is represented which aims to reduce the use of off-contract agency spend. She provided an example where 100 support services staff have been moved from agency to permanent contracts, which members were pleased to hear.

The Chair asked Ms Maureen Dolan, Staff Side T.U Secretary (RCN) for her perspective on agency spend. Ms Dolan provided assurance that the RCN supports the reduction in agency spend, however she cautioned that if the Trust did not reduce the use of agency staff on a gradual

basis, this will lead to unsafe staffing levels on the wards. Ms Dolan spoke on the issue of fair pay in conjunction with retention of staff.

Mrs Trouton advised that Unscheduled Care and delayed discharges also have an impact on staffing levels. If there is a need to increase beds/wards then these have to be staffed with a flexible workforce which increases the agency usage and causes increased flexible spend. Mrs Toal added that the medical, admin, support services and social work vacancies are also impacted by agency usage. She confirmed that the BMA are involved in discussions with agency usage for doctors.

In response to a question asked by the Chair, Mrs Cassells confirmed that a 3 year financial sustainability plan is currently being developed with the Terms of Reference currently being considered. She advised that these will be presented to Trust Board in October 2022.

### **The Board approved the Financial Performance Report (ST1109/22)**

*Mrs Leeson left the meeting at this point*

## **11. ENDOWMENTS & GIFTS COMMITTEE**

### **– Committee Chair Report from 14<sup>th</sup> June 2022**

Ms Donaghy presented her Committee Chair Report from the meeting held on 14<sup>th</sup> June 2022.

### **– Minutes of meeting held on 24<sup>th</sup> March 2022**

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

### **– Committee Annual Report 2021/22 (ST1110/22)**

Ms Donaghy presented the Annual Report the Endowments & Gifts Committee meeting for approval.

**The Board approved the Endowments & Gifts Committee Annual Report 2021/22 (ST1110/22)**

## **12. AUDIT COMMITTEE**

### **– Committee Chair Report from 14<sup>th</sup> June 2022**

Mrs McCartan presented her Committee Chair Report from the meeting held on 14<sup>th</sup> June 2022.

- **Committee Annual Report 2021/22 (ST1111/22)**  
Mrs McCartan presented the Annual Report the Audit Committee meeting for approval.

**The Board approved the Audit Committee Annual Report 2021/22 (ST1111/22)**

### **13. PATIENT AND CLIENT EXPERIENCE COMMITTEE**

- **Committee Chair Report from 16<sup>th</sup> June 2022**  
Mr Wilkinson presented his Committee Chair Report from the meeting held on 16<sup>th</sup> June 2022.
- **Minutes of meeting held on 3<sup>rd</sup> March 2022**  
Mr Wilkinson presented the minutes of the Patient and Client Experience Committee meeting for information purposes.

### **14. GOVERNANCE COMMITTEE**

- **Committee Chair Report from 8<sup>th</sup> September 2022**  
Ms Mullan presented her Committee Chair Report from the meeting held on 8<sup>th</sup> September 2022.
- **Minutes of meeting held on 13<sup>th</sup> May 2022**  
Ms Mullan presented the minutes of the Governance Committee meeting for information purposes.
- **Committee Annual Report 2021/22 (ST1112/22)**  
Ms Mullan presented the Annual Report the Governance Committee meeting for approval.  
**The Board approved the Governance Committee Annual Report 2021/22 (ST1112/22)**

*Dr O’Kane joined the meeting at this point*

*The Chair requested item 4 be taken at this point*

### **4. CHIEF EXECUTIVE’S UPDATE**

Dr O’Kane provided an overview of a number of current issues as detailed in her report.

Dr O’Kane spoke of the following issues in particular:-

Health Department overspend: Northern Ireland's Health Department is facing a £400m overspend this year. About half of the overspend relates to meeting below inflation pay increases. Aside from pay pressures, other factors contributing to the overspend are general price increases, such as energy, and £80m which is needed to tackle huge waiting lists. The Health Minister has written to other Ministers in the executive to set out the financial position.

Urology Services Inquiry (USI): The Trust continues to liaise with the inquiry and is currently responding to a number of Section 21 requests. The formal Public Hearings are expected to commence on 8<sup>th</sup> November 2022 and a number of 'notice to appear' requests have been received.

Emergency Department waiting times: The number of patients waiting more than 12 hours in Northern Ireland's emergency departments increased by 49% between June 2021 and June 2022. Dr O'Kane spoke of the challenge in discharging patients due to the lack of available care packages in the community. She noted the National Emergency Department report which explains the importance of discharging patients as soon as possible to ensure patient flow is not compromised.

Stroke SSNAP data: the latest Sentinel Stroke National Audit Programme (SSNAP) data has highlighted a huge disparity in stroke services available to patients depending on where they live in Northern Ireland. The report showed that every specialist stroke unit in Northern Ireland (with exception of SWAH) was among the worst performing units in the UK re admission times. Ms Donaghy referred to the item 9 Trust Service Delivery Plan where it is stated that stroke performance increased in August and noted her concern that this information does not correlate with the outcome of the SSNAP data. Dr O'Kane advised that there is a delay in SSNAP reporting the data, while internally the stroke performance is collated on a more succinct timeframe. Mrs McConville added that Stroke Services have been allocated £1.5m of general allocation which will deliver a frailty hub. Mrs C Reid advised that an update on the Stroke SSNAP data will be provided at a future Performance Committee.

General Surgery: Following the publication of the Review of General Surgery on 30<sup>th</sup> June 2022, regional engagement with colleagues continues on how Trusts locally implement the standards for elective and emergency surgery. In response to a question asked by Mr McDonald, Dr O'Kane reported that it is anticipated that a ministerial announcement

will be issued in due course on the regional out workings on addressing all aspects of general and emergency surgery and advised that the current pathway for emergency surgery in CAH and DHH will be incorporated into those conversations. Mr McDonald asked if the Urology Inquiry will impact the provision of Urology Services. Dr O’Kane advised that a risk assessment is currently in development to ascertain this. She explained that Consultant Urologists and Clinical Nurse specialists have had to reduce their workload to prepare for the inquiry and during it when it commences, which will have an impact on the ability to provide services. Dr O’Kane informed members that she has liaised with SPPG to seek support to the Trust during this time and those exploratory conversations have commenced. She was disappointed to report that this will inevitably increase the Urology waiting lists, however she provided assurance that those time critical patients will be managed in a timely manner.

**15. BOARD GOVERNANCE SELF-ASSESSMENT (ST1113/22)**

The Chair advised that all members have had the opportunity to feed into the self-assessment in depth and have reflected on how the Board could improve its effectiveness. Members considered and agreed to the RAG ratings applied.

Ms Donaghy enquired on the timeframe of implementing the new management structure to compliment SMT. The Chief Executive noted that it was her intent to ensure that all new management structure posts will be in place by December 2022.

**The Board approved the Board Governance Self-Assessment (ST1113/22)**

*Ms Cathy Lavery and Ms Anne Forsythe joined the meeting at this point*

**16. SECTION 75 PROGRESS REPORT 2021/22 (ST1114/22)**

The Chair welcomed Ms Cathy Lavery, Head of Equality, Diversity and Inclusion to the meeting. Mrs Toal introduced this item and stated that the report reflects the progress made between April 2021 and March 2022. She advised that the report has been shared in draft format with the Equality Commission on 31<sup>st</sup> August 2022 with the caveat that it will be tabled at the Trust Board meeting in September 2022 for approval and any changes required will be submitted to the Equality Commission. Mrs Toal stated that Trust continues to take steps to

promote equality and inclusion and continues to mainstream and make it a key strategic priority for the organisation.

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

Mr McDonald welcomed the informative presentation and advised that within his role at the Community Relations Council he attended his first session with the health sector forum which looks at good relations. The forum consists of Health Trusts, Ambulance Service, Equality Commission and the Human Rights Commission. He explained that the research undertaken by the Human Rights Commission looks at the impact that the EU Exit and the NI protocol has had on the health sector. Mr McDonald noted that the forum will be writing to each Trust Chair to ensure they are aware of the impact this has on access to health, the cost and how it impacts those staff who live across the border. Ms Lavery agreed that the link between these groups will help build a partnership and it is a good model for other sectors to follow.

The Chair stated that these are changing times and the Trust has to provide a safe environment for all staff regardless of their background or identity. She reminded members that there will be international nurses and doctors arriving to the Trust over the next number of years and the importance of the Trust supporting them in their integration into the workforce and local communities. The Chair spoke of the Ethnic Minority Network and her plans to attend these meetings and noted that if a LGBTQIA+ network is established she will ensure that she attends these meetings going forward.

The Chair thanked Ms Lavery for her informative presentation.

**The Board approved the Section 75 Progress Report 2021/22 (ST1114/22)**

**17. OUR PEOPLE FRAMEWORK 2022 – 2025 AND ASSOCIATED HEALTH AND WELLBEING FRAMEWORK (ST1115/22)**

Mrs Toal presented the People Framework 2022 – 2025 which is designed to support the delivery of the Corporate Plan for 2022/23 and beyond. She explained that the People Framework is for everyone who works in the Trust whether in a paid or voluntary capacity, whatever

their role, everyone is key to delivering safe, exceptional care and support to our patients, service users and carers.

Mrs Toal guided members through the framework and spoke of the 3 People Priorities: wellbeing, belonging and growing. She added that a copy of the Health and Wellbeing Framework is included in members' papers, which will be taken forward by the Health and Wellbeing Steering Group who will progress the wellbeing priority and provide support across Directorates to prioritise staff health and wellbeing.

Regarding the formal launch of the framework, Mrs Toal stated that this is scheduled for the end of October 2022, which will provide an opportunity to set the People Framework in the context of the Corporate Plan and to reinforce the vision of becoming a great place to work and our associated actions to achieve this. A full Communications Strategy has been developed to support the implementation of the Framework in collaboration with key internal staff. Mrs Toal added that an invest to save paper has been finalised for 2 additional Band 7 Organisational Development Practitioners to support the corporate implementation of the framework.

Mr McCafferty welcomed and endorsed the People Framework and spoke of the importance of embedding its purpose in everyday business. He noted the vacancy gap level and how improving the culture and ensuring the Trust is a good place to work will attract additional staff. Mr McCafferty stated that the current cohort of staff continue to work under challenging circumstances and thanked them for their continued hard work and dedication.

Mr Beattie spoke of a number of other strategies currently in development and how they are all interconnected to the People Framework. He added that within the Older People and Primary Care Directorate, there are excellent examples from staff to evidence and support the People Framework, however he recognised the need to further improve and embed this framework throughout the directorate.

Ms Donaghy asked how the success of the People Framework will be measured and tested. Mrs Toal drew members' attention to page 13 of the framework which outlines the number of indicators to measure the success: staff survey results, appraisals, compliance with mandatory training, reduction in sickness absence rates, reduction in occupational health referrals, turnover rates, reduce agency usage, place of choice for job vacancies, reduce number of grievances, concerns resolved

informally and violence and aggression rates reduced. Mrs Toal added that the increase of Leadership Walks by Directors will be an important tool to reach out and speak to staff on their achievements and concerns.

In response to a question asked by Mr McDonald, Mrs Toal advised that the updates on the progress of this framework will be incorporated into the Human Resources report going forward.

Mr Wilkinson welcomed the framework and spoke of the value of having leaders at all levels throughout the Trust to implement the framework. He added that engagement with staff is imperative and stated that the '*small things matter*'.

The Chief Executive commented that the People Framework belongs to all staff and the importance of creating a sense of belonging in a safe and compassionate organisation. She noted that the working environment has to encompass kindness to each other and felt that this framework will help achieve this.

Mrs Toal thanked Mrs Maxine Williamson and Ms Anne Forsythe for their contribution to developing the People Framework. The Chair stated that visible leadership to connect to all staff is key.

**The Board approved the Our People Framework 2022 – 2025 and associated Health and Wellbeing Framework (ST1115/22)**

*Ms Cathy Lavery and Ms Anne Forsythe left the meeting at this point*

*Ms Teggart joined the meeting at this point*

**18. MAINTAINING HIGH PROFESSIONAL STANDARDS TRAINING PLAN (ST1116/22)**

Mrs Toal presented the Maintaining High Professional Standards (MHPS) - Training Plan. Mrs Toal set the background in context and explained that the NHS Framework sets out a requirement in Section VI Paragraph 1: "*The Trust Board must agree what training its staff and its members have completed before they can take part in these proceedings*". Members were provided with the training plan which sets out three levels of training to enable the effective implementation of MHPS in the Southern HSC Trust by those with designated roles under the Framework. Implementation of the Training Plan ultimately seeks

to ensure safe, high quality care for patients by training our HR, Medical and General Management leaders to address performance concerns relating to medical staff fairly, supportively and in accordance with the Framework.

Mrs Toal noted that the inclusion of new training at the third tier – *'Managing Low Level Concerns'* and the inclusion of Clinical Directors, Clinical Leads, Heads of Service and Assistant Directors is important to ensure knowledge of what to do when performance concerns first arise.

The Chair welcomed the training plan and the Chief Executive noted her thanks to Ms Zoe Parks, Head of Medical HR.

### **The Board approved the Maintaining High Professional Standards Training Plan (ST1116/22)**

## **19. MEDICAL DIRECTOR REPORT**

Dr Gormley presented the Medical Director's Report which outlines the purpose of Medical Appraisal and Revalidation, and provides an assurance to Trust Board on the implementation of the GMC regulations in relation to Medical Appraisal and Revalidation.

Dr Gormley guided members through the report highlighting those areas of achievement; the creation of the bimonthly 'drop in sessions' focusing on to effectively prepare for doctors for their Medical Appraisal and Revalidation; ongoing pilot project which evaluates the new revised electronic Paying and Private Patients 'Change of Status form' and the implementation of Medical Appraisal and Revalidation 'Engagement Procedure'. He further noted that the 2 year service plan cycle for Medical Appraisal and Revalidation 2 year service plan.

In relation to the current position of activity, Dr Gormley reported that there has been an increase in appraisal activity from June 2022, however there is a small number of doctors who are outstanding from 2019/20. He provided assurance that work is progressing to ensure these are completed and signed off.

Mrs McCartan enquired if there are consequences for doctors not revalidating within the timeframe. Dr Gormley explained that doctors are required to revalidate once every five years. There are certain circumstances in which the revalidation can be deferred. If the doctor is

non-engaging this will be escalated and the GMC can be informed at any time within those 5 years.

Dr Gormley noted that for 2020/21, 280 doctors are awaiting their appraisal. He provided assurance that these will be completed by February 2023 and explained that the process requires a great deal of information gathering; job plans, SPA, governance performance.

Mr McDonald asked for further information on the revalidation status of those 61 doctors who did not revalidate due to 'insufficient information'. Dr Gormley explained that this may be due to the doctor commencing the revalidation application and hasn't 100% completed it, however the team do reach out to doctors to ask if they require assistance to ensure they are progressing their application. Mr McDonald commented that the drop in sessions will be beneficial for doctors to seek assistance.

In response to a question asked by Ms Donaghy, Dr Gormley explained the multi stage process for signing off a revalidation, which incorporates the appraisal. The Chief Executive assured members that there are robust structures in place around revalidation.

## **20. APPLICATION OF TRUST SEAL (ST1117/22)**

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 (ST1117/22)**

## **21. CHAIR, CHIEF EXECUTIVE'S AND 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 their last report, 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.

Ms Maureen Dolan, Staff Side TU Secretary RCN advised members that RCN members across the UK will begin voting from 6<sup>th</sup> October on whether to take strike action in the RCN's first UK-wide ballot. She stated that this is due to nursing staff in Northern Ireland have fallen out of pay parity with UK colleagues due to the lack of a functioning Executive. Voting will close on 2<sup>nd</sup> November 2022. Mrs Toal added that NIPSA have advised that they intend to ballot their members also.

In concluding, 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, 27<sup>th</sup> October 2022 at 10.30 a.m.

***The meeting concluded at 1.20 p.m.***

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

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